

## THE STATE VERIFICATION AND EXCHANGE SYSTEM (SVES)

## and

## **STATE ONLINE QUERY (SOLQ)**

## **MANUAL**

Office of Systems
Office of IT Programmatic Business Support (OITPBS)
Division of Business Intelligence, Analytics, & Exchange (DBIAE)
Data Exchange and Verifications Branch (DEVB)

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#### 1. PURPOSE/SCOPE

The purpose of this manual is to describe the State Verification and Exchange System (SVES) and the State On-Line Query (SOLQ).

This manual provides the *technical* guidelines to be used by States for verifying social security numbers and obtaining Title II and/or Title XVI information (a.k.a. Wire Third Party Query data) used to establish eligibility as required by various Federal policies in the administration of federally-funded state-administered income and/or health maintenance programs.

The manual also provides the guidelines to be used by the States for requesting data from other SSA data exchange applications including Beneficiary and Earnings and Data Exchange (BENDEX)/ Beneficiary Earnings Exchange Record (BEER) records, State Data Exchange System(SDX) records, Prisoner data records, and 40 Qualifying Quarter data records. In addition, the manual provides information about how States can obtain citizenship data to administer Health Care programs.

The intent of this manual is to:

- Describe and provide a technical overview of the SVES and SOLQ systems.
- Describe the SSN verification process.
- Describe the input and output to/from SVES and SOLQ including detailed record layouts, field definitions, and code values.
- Describe the various options for requesting Verification/Title II/Title XVI data from SVES/SOLQ.
- Describe how to interpret the various verification return codes on the output responses from SVES/SOLQ.
- Define the source of the fields returned by SVES/SOLQ (intended for SSA internal staff only).
- Describe the limitations of SVES/SOLQ.
- Describe the various options for requesting data via SVES from other SSA data exchange applications (e.g., BENDEX/BEER, SDX, etc.).

#### This manual is <u>not</u> intended to:

 Define all processes, calculations, and/or logic used in determining the values of fields returned by SVES/SOLQ. SVES/SOLQ merely gathers data from the target databases (NUMIDENT, MBR, and SSR) based on the request type and returns the data, as is, that resides on those databases. Generally, there is no logic within SVES/SOLQ applied in determining the values returned except in isolated cases, for example, where multiple values may be converted to a simple 'Y'(es) or 'N'(o). Questions from States pertaining to the formulation of field values

- should be directed to their respective SSA Regional Data Exchange Coordinators for assistance.
- Suggest to, or instruct, the States as to how they should use and/or process the
  data that they receive via SVES/SOLQ requests. Laws and procedures vary from
  state-to-state; two states receiving the exact same data may use (or not use)
  that data in very different manners.
- Describe in detail all information related to other data exchange applications to which SVES provides interface (e.g., BENDEX/BEER, SDX, etc.). These applications are not supported by the SSA branch that supports SVES/SOLQ (the Data Exchange Branch) but by other SSA components. In most cases, these applications have their own separate manuals/documentation. Additionally, there has been no attempt to "data match" the source of fields returned by SVES/SOLQ to those returned by the other data exchange applications. Again, questions from States pertaining to these applications, resolving discrepancies between field values that are returned by the other data exchange applications and SVES/SOLQ, and/or obtaining non-SVES/SOLQ documentation should be directed to their respective SSA Regional Data Exchange Coordinators for assistance.
- Act as a repository for constant, up-to-date lists of all codes returned in various fields. Every attempt was made to verify and include all codes at the time this version of the manual was created. In all cases, the various codes (and their values' descriptions) that are in this manual were copied directly from other sources (e.g., POMS, SSA Data Dictionaries, etc.). Code values may change over time and any questions from States regarding codes and the meaning of their values should be directed to their respective SSA Regional Data Exchange Coordinators for assistance.

This manual is intended for the following audiences:

- States' Technical Staff supporting data exchange with SSA via SVES/SOLQ.
- SSA Regional Data Exchange Coordinators.

#### 2. SVES - GENERAL

#### 2A. <u>SVES OVERVIEW - GENERAL</u>

SSA's State Verification and Exchange System provides authorized State partners with a standardized method of SSN verification, Title II & Title XVI benefit information, and uniform data response. Under current processes, SSA maintains individual data bases for both the Title II (OASDI) and Title XVI (SSI) programs, as well as separate data bases for social security number identification (NUMIDENT) and earnings information (Master Earnings File - MEF). Since these databases do not always contain the same names, dates of birth, and sex codes for specific individuals, data requested from any of these files may, and often does, conflict with data for the same individual on the other files. Additionally, matching criteria established in the various data exchanges are not uniform, causing different responses to the same query, depending on the database queried. SVES provides a *single* method of query which results in:

- Standard SSN verification procedure, and
- The ability for a State to accomplish a variety of transactions by use of a single input in most cases.

The SVES is a batch query system that utilizes SSA's File Transfer Management System to receive and transmit files. States (and in some cases, Federal agencies) transmit files containing requests to SSA. SVES filters the files and routes those requests to the proper applications for processing. The appropriate response files are then transmitted back to the State.

SVES performs two types of processing: "native" and "non-native". The "native" processing creates response files directly out of the SVES containing verification and Wire Third Party Query (Title II & 16) data. The "non-native" type of processing is indirect; SVES passes requests to other SSA data exchange applications which triggers those applications to create data in their indigenous output files.

In "native" SVES, States can make 4 different types of requests for data:

- Type 1 SSN verification data only
- Type 2 SSN verification and Title II data
- Type 3 SSN verification and Title XVI data
- Type 4 SSN verification, Title II, and Title XVI data

The basic output record layouts for the four types are as follows:

Type 1

Verification (1-156)

Type 2

Verification (1-156)	Title II (157-839)
1 0 1 11 10 0 10 10 (= =00)	

Type 3

Verification (1-156)	Title XVI (157-1468)
Vernication (± ±30)	1100 / 11 (13/ 1400)

Type 4

Verification (1-156)	Title II (157-839)	Title XVI (840-2151)
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SVES also allows the States to request data from other SSA data exchange applications. SVES verifies the request data and then passes the requests to the target applications, via interfaces, to "trigger" those applications to create data in their output files. Through SVES, a State may also accomplish any or all of the following "non-native" query/transaction events:

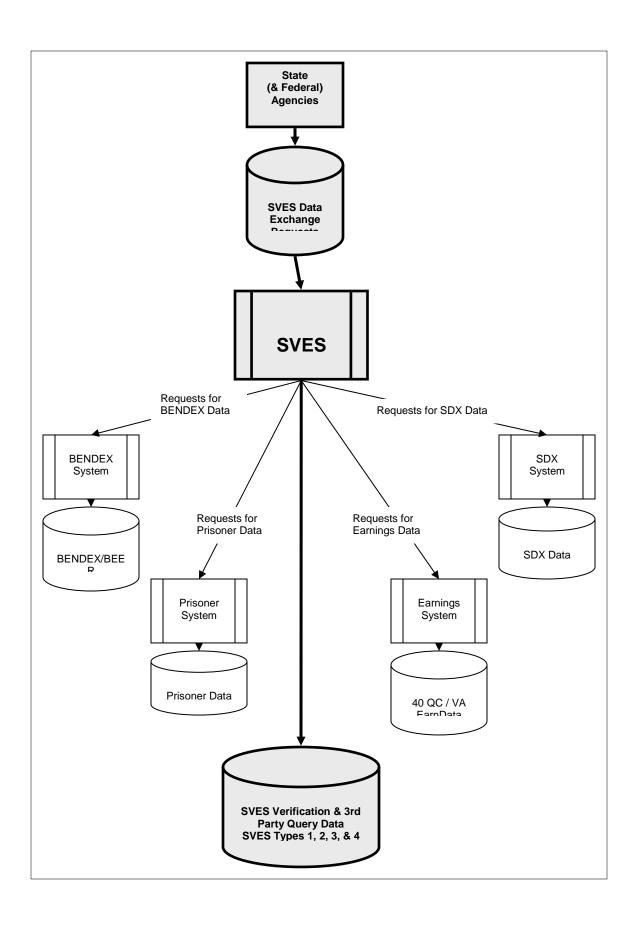
- Beneficiary and Earnings Data Exchange (BENDEX) and Beneficiary Earnings Exchange Record (BEER accretion/deletion)
- State Data Exchange (SDX) Transactions
- 40 Qualifying Quarters
- Prisoner Record gueries
- VA EARN queries

SVES also provides Citizenship related data. This information is not provided as a separate file but as a subset of the standard Type I Verification Request.

Normally, SVES runs Monday through Friday and "native" SVES request files are delivered to the States overnight. Requests through SVES to the "non-native" systems result in the following delivery schedules:

- BENDEX/BEER Monday through Friday
- SDX 5-6 times a week
- 40 Qualifying Quarters Monday through Friday (overnight)
- Prisoner data Monday through Friday (overnight)
- VA EARN data On request

The following page contains a high-level flowchart illustrating the SVES and its interfaces.



#### 2B. SVES INPUT – GENERAL

Input to SVES is daily, or at whatever interval is most advantageous to a particular State. Inputs may contain any combination of verification/exchange transactions (transactions do <u>not</u> need to be segregated into specific types i.e., BENDEX accretions only, verification only, etc.). There is no restriction to duplicate input records. A separate response will be provided for each request made. Also, multiple inputs are permissible when two or more desired transactions cannot be accommodated on a single input record. For example, two queries would be necessary to obtain SSN Verification/Standard Response, Title II, Title XVI and 40 Qualifying Quarters Query data. The Title XVI request would provide SSN Verification/Standard Response, Title XVI data, and 40 Qualifying Quarters Query data. The Title II request would provide SSN verification and Title II data.

<u>Note:</u> States should ensure that all inputs are received by the National Computer Center (NCC) at SSA by 6:45 p.m. eastern standard time. Inputs received after 6:45 p.m. will be included with the next day's inputs.

#### 2C. SVES OUTPUT - GENERAL

Output from SVES is on at least a one-for-one basis. For each input received by SSA, the State will receive the following:

- Verification data on every input within 24 hours
- Title II, Title XVI, and 40 Qualifying Quarters and Prisoner Query Response data within 24 hours
- BENDEX/ BEER, if requested, will be received daily.
- SDX data will be received 4 to 5 times per week
- Multiple SSN data for verified SSNs, will be received when multiple SSNs are found.

The types of output generated by SVES, either directly from SVES or by requests to other data exchange systems are listed below:

- 1. SSN Verification/Standard Response
- 2. Citizenship Response
- 3. Title II: Standard Response with Title II Verification
- 4. Title XVI: Standard Response with Title XVI Verification
- 5. Title II and Title XVI: Standard Response with Title II and Title XVI Verification
- 6. 40 Qualifying Quarters Query Response (with Title XVI Verification)
- 7. BENDEX Record
- 8. BEER Record
- 9. SDX Record (query will show IAR or WIN changes based on SVES input)
- 10. SDX Exception Record

- 11. Prisoner Record Response
- 12. VA EARN Response

The following chart summarizes SVES transactions:

TYPE OF INQUIRY	TYPE OF RESPONSE	TIMING OF RESPONSE	REFERENCE
SSN Verification	SSN Verification/ Standard Response	within 24 hours	SSN Verification/ Standard Response Record Layouts
SSN Verification with Citizenship Data	SSN Verification/ Standard Response, Citizenship Data  *Not a separate file - a unique subset of the Standard SSN Verification Response is provided.	within 24 hours	SSN Verification/ Standard Response Record Layouts
Title II/Title XVI	SSN Verification/ Standard Response, Title II record if one exists, Title XVI record if one exists	within 24 hours	Title II and Title XVI Response Record Layouts
40 Qualifying Quarters Query	SSN Verification/ Standard Response, Title XVI record if one exists, 40 Qualifying Quarters Query	within 24 hours	40 Qualifying Quarters Response Record Layout
BENDEX	BENDEX record and SSN verification/ Standard Response	within 24 hours	Link to the Manual/Handbook resides on PolicyNet
BEER		within 24 hours	

TYPE OF INQUIRY	TYPE OF RESPONSE	TIMING OF RESPONSE	REFERENCE
	BEER record and SSN verification/ Standard Response		Link to the Manual/Handbook resides on PolicyNet
IAR (SDX)	Regular SDX record with BO transaction code if input record processes successfully, and SSN verification/ Standard Response  Exception record with CO transaction code if input rejects	next SDX update	SDX Manual
WIN or SDX Query Regular SDX record		next SDX update	SDX Manual
Prisoner Record Inquiry	SSN Verification/ Standard Response, Prisoner Query	within 24 hours	Prisoner Response Record Layout
VA EARN Query (POMS – SI 02310.020)	VA EARN Response (specialized response only available to VA, OPM, HUD, and RRB)	On request	VA EARN Response Record Layout

#### 3. HISTORY

#### 3A. <u>HISTORY OVERVIEW</u>

States are required by various Federal policies to follow certain guidelines and procedures in the administration of federally-funded state-administered income and/or health maintenance programs.

These policies include the requirement to verify the Social Security Number (SSN) of all recipients of federally-funded aid. Additionally, states are required to obtain and use the data provided by various Social Security Administration (SSA) applications (e.g., BENDEX, SDX, etc.) to establish eligibility in those programs. The SVES was developed to

provide an electronic, computer-to-computer method by which states request, and SSA returns that data.

SOLQ, developed after SVES, is a real-time, online version of SVES. SVES is a batch system that accepts transmitted request files containing multiple requests and transmits a file containing the multiple responses back to the requestor overnight. SOLQ, on the other hand, accepts terminal input transmitted from a requestor's site for one request, processes that request, and immediately sends the response back to the requestor.

#### 3B. SVES vs. EVS

Prior to the development of the SVES, SSA provided electronic SSN verification via the Enumeration Verification System (EVS) using the NUMIDENT database. The EVS still exists and is currently used by SSA and some states. The SVES actually utilizes EVS functions for verification but provides much more than the EVS.

Verification by SVES provides a standardized, complete verification of each SSN utilizing *all* databases (e.g., MBR, SSR); not just the NUMIDENT. By using all of SSA's core databases, SVES returns approximately 12 percent more verified SSNs than the EVS. Output from the SVES verification is daily and in the SVES output format SSN Verification/Standard response.

SSN verification by SVES differs from EVS verification procedures by:

- Utilizing the NUMIDENT, MBR (Title II), and SSR (Title XVI) databases to determine identity. Permitting verification against any of the three to mean positive verification.
- Allowing for surname differences between State input data and SSA data when first name, middle initial and date of birth match (this primarily affects records for individuals where unmarried names differ).
- Searching for a "better" number when the State input data does not agree with SSA records.

#### 4. SVES/SOLQ VERIFICATION PROCESS

SSA's verification logic/rules/tolerances are not disclosed in this document. Requests for disclosure are reviewed by SSA's Office of Information Security (OIS).

#### 5. **SVES LIMITATIONS**

Listed below are the limitations that exist within the SVES system.

1. SVES does not generate a Title XVI WTPY response if a Claim Account Number (e.g., B, C, or D BIC), rather than the individual's Social Security Number, is used in the

input record. SVES only provides SSN verification and a Title II response. It is necessary to use the individual's SSN in the input record to generate a Title XVI WTPY response.

- 2. SVES will generate a Title II response for the A BIC when the individual's SSN is used in the input record. If the individual has previously been denied on that SSN (LAF N), and applies as an auxiliary on another account, SVES will generate a response on the denied SSN. In some cases, an XREF Entitlement Number and BIC will appear on the Title II WTPY response, which enables the State to resubmit an SVES input using the CAN. However, if no XREF Entitlement Number and BIC appear, it is necessary to determine the appropriate CAN (if any) and resubmit an SVES input. If needed, the State should contact SSA for assistance with this determination.
- 3. SVES occasionally provides a Title II response for someone other than the individual whose name and SSN were submitted on the SVES input. For example, an SVES input for an individual may provide a Title II response for the individual's spouse or child. This happens when SSA's Master Beneficiary Record displays the spouse's or child's record before the individual's record. Such cases require the State to contact SSA for assistance.
- 4. SVES responses sometimes indicate that there is no Title II or Title XVI record even though one exists. This may occur because SVES processes WTPY requests overnight when SSA also performs maintenance on its databases. During this maintenance some records are not accessible. It is usually possible to request the record one or more days later and obtain accurate data. States should contact SSA for assistance if this problem recurs for the same case for which there is Title II and/or Title XVI eligibility.
- 5. Some Title II responses for aged beneficiaries (age 60 and over for widows/widowers, and age 62 and over for others) contain a Disability Onset Date. SVES does not indicate whether the disability application was approved or denied, so the State cannot determine whether benefits for individuals under age 65 are being paid on the basis of age or disability. If the State needs to determine the basis of payment, it is necessary to contact SSA for assistance.

#### 6. LATEST REVISIONS TO THE MANUAL

For full Revision History, see Appendix I.

Revisions to the September 2017 Manual to create the April 2019 Manual

- 1. Various font and formatting modifications across document.
- 2. Section 4. SVES/SOLQ Verification Process Clarified SSA's dislocure policy.

- 3. Sections 8.C.2 and 8.D.2. Compentency Code Corrected description for value D Recipient is **in**competent and payee is the legal guardian
- 4. Section 8.A.2

Title II Status and Title XVI Status fields – Description of value corrected

- D SSA has a record, but there is a name or DOB discrepancy between SSA's and the State's record. Data is **not** returned if requested
- 5. Section 9.G.1 Minor changes to language and updated OIS as contact following SSA reorganization
- 6. Section 9.H Removed obsolete CICS Monitor Room phone number, minor language changes, added National Help Desk phone number and hours of operation.
- 7. Appendix A . Glossary Removed OEIE, Added STC and OIS
- 8. Appendix G. Third Party Billing Codes
  - a. Added the following...

Part B Premium Surcharge Group Payers Effective 07/01/2016				
Part A Code Part B Code Agency Name		Agency Name		
P1A City of Waterbury, CT		City of Waterbury, CT		
Part B Premium Surcharge Group Payers Effective 07/01/2017				
Part A Code Part B Code Agency Name		Agency Name		
P1A City of Waterbury, CT		City of Waterbury, CT		
P1B City of Fort Worth, TX		City of Fort Worth, TX		
P1C Chickasaw Nation Dept. of Health, OK		Chickasaw Nation Dept. of Health, OK		
P1D City of Memphis, TN				

## 7. INPUT: SVES INPUT RECORD LAYOUT

The following table illustrates the SVES input record layout. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN should be input (generally, SSN is preferable). If the CAN is input, the BIC is mandatory. Category of Assistance is a mandatory field for BENDEX/BEER requests, Food Stamp Death requests, SCHIP requests, and PCIP requests.

Key:

A=Alpha N=Numeric AN=Alphanumeric

FIELD	ТҮРЕ	POSITION	
*SSN	N	1-9	
*Claim Account Number (CAN)	N	10-18	
Beneficiary Identification Code (BIC)	AN	19-21	
*Surname	AN	22-40	
Middle Initial	AN	41	
First Name	AN	42-53	
*Date of Birth	N	54-61	
Sex	A	62	
Title II Request	AN	63	
Title XVI Request	AN	64	
*State Agency Code	N	65-67 (See <u>APPENDIX K –</u> <u>SVES/SOLQ STATE</u> <u>CODES</u> )	
*Category of Assistance	AN	68	
State Communication Code	AN	69-71	
Exchange Request Data	AN	72-111	
Verification Account Number (VAN)	AN	112-118	
(For Future Expansion)	AN	119-137	

## 7A. CODING SPECIFICATIONS FOR THE SVES INPUT RECORD

Positions 1-62 and 65-67 are self-explanatory. Positions 112-137 are for future expansion. Listed below is an explanation of codes in positions 63, 64 and 68-111 used for the SVES requests.

## Position 63 (Title II Request):

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\*Blank: No Title II exchange requested

Y: Title II WTPY request B: BENDEX transaction

E: BENDEX/BEER transaction

A: Title II WTPY request/BENDEX transaction

R: Title II WTPY request/BENDEX/BEER transaction

P: Prisoner Record Query

**NOTE**: The following VA EARN codes are <u>restricted and are not available</u> to States. They are only available for use by VA, OPM, RRB, and HUD.

C: VA EARN

D: VA EARN and WTPY

#### Position 64 (Title XVI Request):

Blank: No Title XVI exchange requested

Y: Title XVI WTPY request

B: IAR transaction

WIN transaction (accrete)
 WIN transaction (change)
 WIN transaction (delete)
 WIN transaction (SDX query)

F: Title XVI WTPY request/WIN (accrete)
G: Title XVI WTPY request/WIN (change)
H: Title XVI WTPY request/WIN (delete)
I: Title XVI WTPY request/WIN (query)

J: Title XVI WTPY request/IAR/WIN (accrete)
K: Title XVI WTPY request/IAR/WIN (change)
L: Title XVI WTPY request/IAR/WIN (delete)
M: Title XVI WTPY request/IAR/WIN (query)

\*Q: 40 Qualifying Quarters Request D: Title XVI WTPY request/IAR

T: IAR/WIN (accrete)
U: IAR/WIN (change)
V: IAR/WIN (delete)
W: IAR/WIN (query)

P: Prisoner Record Query

**NOTE**: A blank in both positions 63 and 64 will generate a verification response only.

<sup>\*</sup>Mandatory for 40 QQ requests.

<u>NOTE</u>: Positions 63 and 64 must both be Blank for State Children's Health Insurance Program (SCHIP) and Pre-Existing Condition Insurance Plan (PCIP) requests or the response will be returned in error with an Error Condition Code of 500.

#### Position 68 (Category of Assistance):

A	Aid to Aged
В	Aid to the Blind
*C	Aid to Families with Dependent Children (AFDC)
D	Aid to the Disabled
*F	Food Stamps (FS)
Н	Health Maintenance, Buy-In or Attempted Buy-In
l	Income Maintenance
* J	AFDC and FS
*K	FS and Medicaid
<sup>k</sup> Ν	Title XIX, Medicaid Determination
*P	Child Support Enforcement
S	Written Statement of Consent of Individual
*U	Unemployment Compensation
Ν	PCIP Request
Z	SCHIP Request

#### Positions 69-71 (State Communication Code):

BDA	Used to initiate BENDEX, re-accrete, or change Category of Assistance or
	State Control Data
DPA	Deletes BENDEX exchange - no longer eligible for public assistance, or State
	has received allegation of death
DTH	Deletes BENDEX exchange - evidence of death

#### Position 72-111 (State Data):

The format for positions 72-111 is illustrated below:

<u>NOTE</u>: Positions 72-111 may be used for any data the State wishes unless the intent is BENDEX accretion/deletion or SDX-IAR. However, only information coded in the first 22 positions (72-93) will be included as the "Input Welfare ID No." in the response. The following is an explanation of how BENDEX and SDX-IAR should be coded.

#### Position 72-95 (Exchange Request Data):

<sup>\*</sup>BEER Exchange is permitted for these categories of assistance only.

#### BENDEX Accretion/Deletion

Welfare ID Number (State Control Data)	AN	72-83
IEVS Agency Subcode	AN	84-87
Date of Death	N	88-95

#### Positions 96-111:

#### SDX-IAR

County Code	N	96-98
Date of Signed IAR Authorization	N	99-106
State/County of Reimbursement	N	107-111

The use of positions 72-111 depends on the transactions illustrated in the table below.

IF:	THEN:	
Position 63 contains a BENDEX transaction (B, E, A, or R);	The format is:	
	Welfare ID number	
	(State Control Data)	72-83
	IVES Agency Subcode	84-87
	Date of Death	88-95
Position 64 contains an SDX-IAR transaction (B, E, J, K, L, M, D, T, U, V, W, or Z);	The format is:	
	County Code	96-98
	HR Date (Date of Welfare	
	Application)	99-106
	State/County of	
	Reimbursement	107-
		111
Position 64 contains an SDX-WIN transaction (1, 2, 3, 4, F, G, H, I, J, K, L, M, T, U, V, or W);	The format is:	
( , , , , , , , , , , , , , , , , , , ,	Welfare ID number (State	
	Control Data)	72-83

Any positions that are not specified above may be used by the State for any data the State wishes. The information in positions 72-93 will be included as the "Input Welfare ID No." in the response. Miscellaneous information included by the State in positions 94-111 is not reflected on the SVES output.



SVES/SOLQ Manual – Section - 7.INPUT: SVES INPUT RECORD LAYOUT

## 8. OUTPUT: RESPONSES TO THE STATES – RECORD LAYOUTS

### 8A.1 SSN VERIFICATION/STANDARD RESPONSE RECORD LAYOUT – ABRIDGED

Note: SCHIP and PCIP requests return the Verification response only. (Type 1)

DATA 51514515	POSITION
DATA ELEMENT	POSITION
Input SSN	1-9
Input Claim Account Number (CAN) (10-18)/BIC (19-21)	10-21
(CAN) (10-18)/ BIC (19-21)	
Input Surname	22-40
Input Middle Initial	41
Input First Name	42-53
Input Date of Birth	54-61
Input Sex	62
Input State Agency Code	63-65
Input Category of Assistance Code	66
Input State Communication Code	67-69
Input Welfare ID No.	70-91
Date of WTPY Response	92-99
Error Condition Code	100-102
Identity Discrepancy Code	103-104
Blank	105-107
Verification Code	108
Verification SSN Data	109-153

DATA ELEMENT	POSITION
Record Type	154
Title II Status	155
Title XVI Status	156

## 8A.2 SSN VERIFICATION/STANDARD RESPONSE RECORD LAYOUT – UNABRIDGED

Note: SCHIP and PCIP requests return the Verification response only. (Type 1)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	Input SSN	N	1-9	The Social Security Number input by the State.
12	Input Claim Account Number (CAN) (10-18)/BIC (19-21)	AN	10-21	The CAN/BIC (Claim Account Number/Beneficiary Identification Code) input by the State. If this field is used, the Input SSN field (positions1-9) must be spaces and not zeros. Zeros in the Input SSN will cause a reject.
19	Input Surname	AN	22-40	The surname input by the State.
1	Input Middle Initial	AN	41	The middle initial input by the State.
12	Input Given Name	AN	42-53	The given name input by the State.
8	Input Date of Birth	N	54-61	The date of birth input by the State.
				Format: MMDDCCYY
1	Input Sex	Α	62	The sex code input by the State.
3	Input State Agency Code	AN	63-65	The State agency code (must be the 2-position State number preceded by the numeric agency code; normally zero).
1	Input Category of Assistance Code	А	66	The category of assistance code input by the State.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
				A Aged B Blind C AFDC D Disabled F Food Stamps H Health Maintenance I Income Maintenance N Title XIX Medicaid Eligibility S Statement of Consent W PCIP Z SCHIP	
3	Input State Communication Code	AN	67-69	The State Communication Code as input by the State.	
22	Input Welfare ID No.	AN	70-91	The welfare number input by the State.	
8	Date of WTPY Response	N	92-99	The date the response was formatted by SSA.	
				Format: MMDDCCYY	
3	Error Condition Code	N	100-102	Error conditions caused by invalid or missing data.	
				101 CAN invalid or missing 102 SSN invalid or missing 103 Both CAN and SSN are invalid 110 CAN unverified 120 SSN unverified 201 Surname missing 202 Given name missing 300 Date of birth not possible, or contains alpha characters or is missing 400 Non-alpha entry was entered in the Sex field 500 Input State Code requested a query for which they haven't been approved. No verification or other action will be taken 600 SSN not verified, other reason Blank Input data is valid	
2	Identity Discrepancy Code	AN	103-104	The input query data does not match	

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LINGIN	DATALLEWINI		rosition	the identifying data on the queried record. This data is provided for informational purposes only on verified queries; it does not effect the response provided.  The following are codes indicating the type of discrepancy. Position 103 contains the code for Title II and Position 104 contains the code for Title XVI.  2 Birth date does not match exactly 4 Given name does not match exactly 6 Given name and birth date do not match exactly 8 Surname does not match exactly C Surname and birth date do not match exactly C Surname, given name and birth date do not match exactly E Surname, given name and birth date do not match exactly Blank Match  1 Ignore this code O Ignore this code F Ignore this code
3	Blank		105-107	Not used
1	Verification Code	AN	108	Indicates SSN verification or the Reason for non-verification:  Blank Records failing initial edit checks and not making it as far as the verification Process  V SSN is verified. Not returned for SCHIP or PCIP requests.  X SSN is verified, NUMIDENT indicates individual is deceased. The Date of Death on the NUMIDENT will be displayed in the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Verified SSN Data field
				(positions 109-153 of the
				Type 1 response) for those
				records where source of
				Death data is any source
				other than a State that
				restricts redisclosure of the
				State reported Date of
				Death. Date of Death is not
				returned for SOLQ
				transactions. Not returned
				for SCHIP or PCIP requests.
				1 SSN not found on
				NUMIDENT
				3 Surname matched, but DOB
				did not match NUMIDENT.
				The DOB on the NUMIDENT will be displayed in the
				Verified SSN Data field
				(positions 109-153 of the
				Type I response)
				5 Surname or given name
				does not match NUMIDENT
				(e.g., SSN submitted for
				John Smith belongs to Pam
				Jones); DOB was not
				checked.
				F SSN is verified (surname
				ignored). Picks up cases
				where person has changed
				their surname (e.g.
				marriages, adoptions).
				M SSN verified via MBR or SSR
				rather than NUMIDENT
				(overlays value of 1')
				P SSN verified via MBR or SSR
				rather than NUMIDENT
				(overlays value of '3')
				R SSN verified via MBR or SSR
				rather than NUMIDENT
				(overlays value of '5')
				Z Verification code for records in which State submitted a
				CAN (claim account number)
				instead of an SSN. SSA
				found the CAN on the MBR,
				but did not verify the SSN
				with the NUMIDENT
				* The input SSN was not
				verified. SSA located and

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				verified the SSN returned in the Verified SSN Data field (positions 109-153 of the Type I response). The SSN on the response was located by swapping every number in the input SSN with every other number; this resolves transcription errors.  & Multiple SSNs are provided in Verified SSN data field, up to five. This response will immediately follow a response with an alpha verification code in about 1% of the cases. The multiple SSNs are ones which were previously issued to individuals.  Benefits may or may not have been paid on the multiple SSNs. Thiscode is not returned for SOLQ transactions.  Same as Blank Low- Same as blank.
				The following Verification Codes are only returned for SCHIP and PCIP requests:  A SSN is verified, there is no indication of death, and the allegation of citizenship is consistent with SSA data.  B SSN is verified, there is no indication of death, and the allegation of citizenship is NOT consistent with SSA data.  C SSN is verified, there is indication of death, and the allegation of citizenship is consistent with SSA data.  D SSN is verified, there is indication of death, and the allegation of citizenship is consistent with SSA data.  D SSN is verified, there is indication of death, and the allegation of citizenship is NOT consistent with SSA data.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
45	Verification SSN Data	AN	109-153	Data that accompanies the Verification Code field:  If the Verification Code is *, then this field will contain the SSN located by SSA which differs from the SSN submitted by the State.  If the Verification Code is 3 or P, then the date of birth will be shown.  If the Verification Code is X, then the NUMIDENT date of death will be shown if the source of Death data is any source other than a State that restricts redisclosure of the State reported Date of Death. The dates will be displayed as MM/DD/CCYY (ten positions). This date is taken from the NUMIDENT file.  If the Verification Code is &, then this field will show the multiple SSNs which were previously issued to an individual. Benefits may or may not have been paid on the multiple SSNs. The WTPY response with an "&" verification code will immediately follow a WTPY response with an alpha verification code in about 1% of the cases.
1	Record Type  Title II Status	N A	154 155	Indicates the content of the response:  1 Response is the standard response only 2 Response contains Title II data 3 Response contains Title XVI data 4 Response contains Title II data and Title XVI data Indicates presence of a Title II record:
				Note: This is not returned for Prisoner data requests.  Blank SSA's Client Record Index

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				(CRI) is unable to obtain
				information as to the
				existence of a record; or, the
				request was for Prisoner data and CRI was not
				checked
				C SSA's Client Record Index
				indicates that there is a
				record, but SVES could not
				locate it
				D SSA has a record, but there
				is a name or DOB
				discrepancy between SSA's
				and the State's record. Data is not returned if requested
				Y A Title II record exists
				N A Title II record does not
				exist
1				
	Title XVI Status	Α	156	Indicates presence of a Title XVI
				record:
				Note: This is not returned for Prisoner
				data requests.
				·
				Blank SSA's Client Record Index
				(CRI) is unable to obtain
				information as to the
				existence of a record; or, the request was for Prisoner
				data and CRI was not
				checked
				C There may be a record,
				however SSA's Index system
				was unable to find it
				D SSA has a record, but the
				name or DOB on the State's
				record is discrepant with SSA's information. Data is
				not returned if requested.
				Y A Title XVI record exists
				N A Title XVI record does not
				exist

### 8B.1 TITLE II RESPONSE RECORD LAYOUT - ABRIDGED

(this is appended to SSN Verification/Standard Response)

DATA ELEMENT	POSITION
Title II Claim Account Number (CAN) and BIC	157-168
State and County Code	169-173
ZIP Code	174-178
ZIP + 4	179-182
Number of Lines of Address	183
Address	184-315
Direct Deposit Indicator	316
Deferred Payment Date	317-322
Schedule Payment Indicator	323
Schedule Payment Date	324-329
Schedule Prior Payment Amount	330-336
Schedule Current Payment Amount	337-342
Schedule Payment Combined Check Indicator	343
LAF (Ledger Account File) Code	344-345
Date of Birth	346-353
Proof of Age Indicator	354
Given Name	355-364
Middle Initial	365
Surname	366-377
Date of Initial Entitlement	378-383
Date of Current Entitlement	384-389
Date of Suspension or Termination	390-395
Sex Code	396
Net Monthly Benefit if Payable (MBP)	397-402
Medicare Indicator	403

	DOCUTION:
DATA ELEMENT Hospital Insurance (HI) Indicator	POSITION 404
HI Option Code	405
HI Start Date	406-411
HI Stop Date	412-417
HI Premium	418-422
HI Buy-In Indicator	423
HI Buy-In Code	424-426
HI Buy-In Start Date	427-432
HI Buy-In Stop Date	433-438
Supplemental Medical Insurance (SMI) Indicator	439
SMI Option Code	440
SMI Start Date	441-446
SMI Stop Date	447-452
SMI Premium	453-457
SMI Buy-In Indicator	458
SMI Buy-In Code	459-461
SMI Buy-In Start Date	462-467
SMI Buy-In Stop Date	468-473
Welfare Agency Code	474-476
Category of Assistance Code	477
Black Lung Entitlement Code	478
Black Lung Payment Amount	479-484
Railroad Indicator	485
Person's Own Social Security Number (SSN)	486-494
Date of Death	495-502
Disability Onset Date	503-510

Number of Cross-reference Account Number (XRAN) Occurrences	POSITION 511
	211
Cross-Reference (XREF) Entitlement Number *	512-571
	(Field 1)
Cross-Reference (XREF) BIC *	512-571
	(Field 2)
Cross-Reference (XREF) Code *	512-571
· ·	(Field 3)
Dual Entitlement Number	572-580
Dual Entitlement BIC	581-582
Number of History Occurrences	583-584
Monthly Benefit Credited (MBC) Date **	585-688
monthly benefit distance (mbs) bute	(Field 1)
MBC Amount **	585-688
WIBC Allibuilt	(Field 2)
	,
MBC Type **	585-688 (Field 3)
	,
Other Date of Entitlement	689-694
Other Primary Insurance Amount	695-700
Other Retirement Insurance Amount	701-706
Larger Full Monthly Benefit Amount	707-712
Larger Excess Monthly Benefit Amount	713-718
Smaller Full Monthly Benefit Amount	719-724
Smaller Actuarially Reduced Monthly Benefit Amount	725-730
Dual Entitlement Status Code	731
Other Office Code	732
Type of Dual Entitlement	733
Other Primary Insurance Amount Factor Code	734
Other Primary Insurance Amount Factor Code Two	735
Other Eligibility Year	736-739

DATA ELEMENT	POSITION
Reserved for future use	740-839

<sup>\*</sup>There could be 5 occurrences of this information.

#### 8B.2 TITLE II RESPONSE RECORD LAYOUT - UNABRIDGED

(this is appended to SSN Verification/Standard Response)

DATA ELEMENT	TYPE	POSITION	DEFINITION
Title II Claim Account Number (CAN) and BIC	AN	157-168	Claim Account Number (positions 157-165) and Beneficiary Identification Code (positions 166-168).  The Claim Account Number (CAN) and Beneficiary Identification Code (BIC) under which a Title II claim exists. The CAN portion of the 'claim number' is the SSN of the wage earner on whose record benefits are being paid.  The complete list of BIC Code values are listed in APPENDIX D - BIC CODE VALUES
State and County Code	AN	169-173	The first two positions represent the State code; the remaining positions are the county codes (from the Geographic Code Book) that are responsible for any mandatory or optional supplementation payment. This field represents the State and county residence for recipients unless another State and county have jurisdiction.
ZIP Code	N	174-178	The zip code of the residence address.
ZIP + 4	N	179-182	The additional 4 positions of the zip code where the 9-digit zip code is used.
Number of Lines of Address	N	183	The number of 22 position lines of address present. Up to 6 lines maximum.
	Title II Claim Account Number (CAN) and BIC  State and County Code  ZIP Code  ZIP + 4	Title II Claim Account Number (CAN) and BIC  State and County Code  AN  ZIP Code  N  N	Title II Claim Account Number (CAN) and BIC  State and County Code  AN 169-173  ZIP Code  N 174-178  ZIP + 4  N 179-182

<sup>\*\*</sup>There could be 8 occurrences of this information (See "Error! Reference source not found." for an explanation of how to use this information.)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
132	Address	AN	184-315	The residence address of the recipient.
1	Direct Deposit Indicator	A	316	This field will indicate if there is direct deposit data for benefits:  C Checking
				E Electronic Benefits Transfer S Savings Blank None
6	Deferred Payment Date	N	317-322	Reflects the month and year the first or next payment can be made.
				Format: MMCCYY
1	Schedule Payment Indicator	A	323	P Current month accrual amount paid by daily update operation R Current month accrual paid by monthly merge
				Blank Prior month accrual only
6	Schedule Payment Date	N	324-329	Shows the current operating month in which the Schedule Current Payment Amount was processed. For example, it would be 8/97 for a Schedule Current Payment that was paid in 9/97.
				The Schedule Prior Payment Amount is paid in month of Schedule Payment Date.
				The Schedule Current Payment Amount is paid in month after Schedule Payment Date.
				Format: MMCCYY
7	Schedule Prior Payment Amount	N	330-336	Accumulated payment certified in the Schedule Payment action for all months through the Prior Month Accrual (PMA) date. (PMA date is always one month prior to the Schedule Payment Date.) Zeros will be shown if an actual payment has not been made. The accrual month is the month preceding the current operating month.
				For example, the accrual month would

LENGTH	DATA ELEMENT	TYPE	POSITION	be 8/97 if the Schedule Payment Date is 9/97. An 8/97 Schedule Prior Payment Amount check would actually have been received in 9/97.  Format: \$\$\$\$cc
6	Schedule Current Payment Amount	N	337-342	Amount certified in the Schedule Payment action for the current operating month as shown in the Schedule Payment Date. The check is actually paid in the month after the Schedule Payment Date. Format: \$\$\$\$cc
1	Schedule Payment Combined Check Indicator	A	343	Y Combined check issued. Indicates Schedule Current Payment Amount. Includes payments for more than one beneficiary (e.g., several children with C BICs). Address information may have shown payments issued to " for Children of". Refer to Net Monthly Benefit If Payable for individual check amount. N Combined check not issued. Blank Not applicable
2	LAF (Ledger Account File) Code	AN	344-345	Reflects the Master Beneficiary Record (MBR) payment status for this beneficiary.  The complete list of LAF Code values are listed in APPENDIX E - LAF CODE VALUES
8	Date of Birth	N	346-353	Self-Explanatory.  Format: MMDDCCYY
1	Proof of Age Indicator	A	354	A Alleged B Birth/Baptismal C Convincing evidence F Formerly established by SSA N Not proven P Proven Q Established other than B or C

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION Colf our language
10	Given Name	AN	355-364	Self-explanatory.
1	Middle Initial	AN	365	Self-explanatory.
12	Surname	AN	366-377	Self-explanatory.
6	Date of Initial Entitlement	N	378-383	Date when beneficiary was originally entitled on this record.  Format: MMCCYY
6	Date of Current Entitlement	N	384-389	Date of entitlement to benefits for the current period of entitlement.  Format: MMCCYY
6	Date of Suspension or Termination	N	390-395	Date the event causing the suspension or termination occurred.  Format: MMCCYY
1	Sex Code	А	396	M Male F Female U Unknown
6	Net Monthly Benefit if Payable (MBP)	N	397-402	Benefit payable after deduction of beneficiary obligations (like SMIB, overpayment, child support, etc.).  Format: \$\$\$\$cc
1	Medicare Indicator	А	403	Y Medicare data is present N Medicare data is not present
1	Hospital Insurance (HI) Indicator	А	404	Indicates whether or not HI data is present.  Y Yes N No
1	HI Option Code	A	405	C No – cessation of disability D No – Part A coverage denied E Yes – automatic; no premium necessary F No - invalid enrollment terminated G Yes - good cause H No - not eligible for free Part A or did not enroll for premium Part A N Obsolete P Railroad Board has jurisdiction

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LENGTH	DATA ELEMENT	ITPE	POSITION	R No – refused free Part A coverage S No - no longer under renal disease provision T None – Part A terminated for nonpayment of premiums W No – withdrawal from premium Part A X No - Title II termination (Part B unchanged) Y Yes - Premiums are payable
6	HI Start Date	N	406-411	Self-explanatory. Format: MMCCYY
6	HI Stop Date	N	412-417	Self-explanatory. Format: MMCCYY
5	HI Premium	N	418-422	Premium amount collectible.  Format: \$\$\$cc
1	HI Buy-In Indicator	A	423	This code indicates whether there is third party payer data for HI premiums.  Y Yes N No
3	HI Buy-In Code	AN	424-426	State/3rd Party Billing Code  The complete list of code values are listed in APPENDIX G – THIRD PARTY BILLING CODE VALUES
6	HI Buy-In Start Date	N	427-432	First month of coverage for which third party paid HI premium.  Format: MMCCYY
6	HI Buy-In Stop Date	N	433-438	Last month of coverage for which third party paid HI premium.  Format: MMCCYY
1	Supplemental Medical Insurance (SMI) Indicator	А	439	Indicates whether or not SMI data is present.  If SMI Option Code contains Y, G, C, S, T, or W, then this code will be a Y.

LENGTH	DATA ELEMENT	TYPE	POSITION	<b>DEFINITION</b> Otherwise, this code will be set to N.
				Otherwise, this code will be set to N.
				Y Yes
				N No
1	SMI Option Code	A	440	C No (cessation of disability) D No (Part B coverage denied) F No (invalid enrollment terminated) G Yes (good cause) N No (Puerto Rican beneficiary not entitled; also dually/technically entitled beneficiary not entitled to SMI) P Railroad Board has jurisdiction R No (refused Part B coverage) S No (no longer renal disease provision) T No (Part B terminated for
				nonpayment of premiums)  W No (withdrawal from coverage)  Y Yes (has Part B coverage)
6	SMI Start Date	N	441-446	First month of coverage.
				Format: MMCCYY
6	SMI Stop Date	N	447-452	First month of non-coverage.  Format: MMCCYY
5	SMI Premium	N	453-457	Supplemental premium amount collectible.  Format: \$\$\$cc
1	SMI Buy-In Indicator	A	458	This code indicates whether there is third party payer data present for SMI premiums.  Y Yes
				N No
3	SMI Buy-In Code	N	459-461	State/3rd Party Billing Code  The complete list of code values are
				listed in APPENDIX G – THIRD PARTY BILLING CODE VALUES
6	SMI Buy-In Start Date	N	462-467	Effective start date of buy-in eligibility.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
				Format: MMCCYY	
6	SMI Buy-In Stop Date	N	468-473	Effective stop date of buy-in eligibility.	
				Format: MMCCYY	
3	Welfare Agency Code	N	474-476	State exchange welfare code.	
1	Category of Assistance Code	A	477	State exchange categorical assistance code:	
				A Aged B Blind C AFDC D Disabled F Food Stamps H Health Maintenance I Income Maintenance J AFDC/Family Services K Medicaid & Food Stamps N Title XIX Medicaid Eligibility P Child Support Enforcement S Statement of Consent U Unemployment Compensation	
1	Black Lung Entitlement Code	A	478	D Death termination E Entitled N Nonpayment P Pending entitlement T Terminated (other than death)	
6	Black Lung Payment Amount	N	479-484	Self-explanatory.	
1	Railroad Indicator	A	485	Format: \$\$\$\$cc  A Active claim T Terminated claim S Currently Suspended	
9	Person's Own Social Security Number (SSN)	N	486-494	Self-explanatory.	
8	Date of Death	N	495-502	Self-explanatory.	
				Format: MMDDCCYY	
8	Disability Onset Date	N	503-510	First date of onset of disability.	
				Format: MMDDCCYY	

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
1	Number of Cross-reference Account Number (XRAN) Occurrences	N	511	Self-explanatory. See the following three fields for the format of an entry. Up to 5 occurrences maximum.	
*9	Cross-Reference (XREF) Entitlement Number	AN	512-571 (Field 1)	If the Cross Reference Code = C, the first position of the Cross Reference Entitlement Number is an alpha code as follows:  A Beneficiary's own Civil Service Number F Beneficiary's survivor's Civil Service Number S Beneficiary's spouse's Civil Service Number The last seven digits represent the Civil Service Number. For all other Cross Reference Codes, the Cross Reference Entitlement Number is a social security number.	
*2	Cross-Reference (XREF) BIC	AN	512-571 (Field 2)	The beneficiary identification code associated with the cross-reference entitlement number.  The complete list of BIC Code values are listed in APPENDIX D - BIC CODE VALUES	
*1	Cross-Reference (XREF) Code	A	512-571 (Field 3)	Indicates what type of income the cross-reference number is (e.g., Black Lung, Civil Service, Military etc.).  A MAFDUP selection precluded-possible duplicate SSN C Beneficiary's Civil Service number or a notation of Civil Service involvement if no number follows C D Dual wage record number E Simultaneous SSN F Multiple SSN from CAPS G Multiple SSN from ARMSMULT H Multiple SSN from Processing Center or Central Office correction I Occurrence contains key to data on ICDB	

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
				L Number of Black Lung benefits to which the beneficiary is entitled, or which involve this beneficiary in some way M Number is that of another wage record which belongs to this beneficiary O Number on which beneficiary is or may be potentially entitled to benefits Q Quayle legislation for Veteran's Administration (MAMPSC controls/annotates this information for the entire nation) S Number for prior/potential entitlement as a spouse U Record on which renal kidney disease entitlement is based. V Second validated BOAN	
9	Dual Entitlement Number	N	572-580	Other Claim Account Number (CAN) on which entitlement exists.	
2	Dual Entitlement BIC	AN	581-582	The beneficiary identification code associated with the dual entitlement number.  The complete list of BIC Code values are listed in APPENDIX D - BIC CODE	
2	Number of History Occurrences	N	583-584	Number of historical payment entries present on the response. See the following three fields for the format of an entry. Up to 8 occurrences maximum.  See Error! Reference source not found. for more information.	
**6	Monthly Benefit Credited (MBC) Date	N	585-688 (Field 1)	Payment data credited date. MBC amount is paid in the month after this date.  Format: MMCCYY	
**6	MBC Amount	N	585-688 (Field 2)	The monthly Title II benefit due after any appropriate dollar rounding (considering a deductible of SMI premium) but prior to the	

DATA ELEMENT	TYPE	POSITION	DEFINITION
			actual collection of any obligation of the Beneficiary (including SMI premium).  Amounts may appear after an individual dies. Therefore, States need to check the LAF Code and MBC Type to determine whether payment was issued.  Format: \$\$\$\$cc
МВС Туре	А	585-688 (Field 3)	C Benefits paid (credited) N Benefits not paid (not credited) E Benefits not paid (not credited), due to
			delayed/pending or suspense Blank Benefits not paid (not credited)
Other Date of Entitlement	N	689-694	The month and year of the other date of entitlement.
			Format: MMCCYY
Other Primary Insurance Amount	N	695-700	This reflects the controlling Primary Insurance Amount (PIA) for payment on the other claim, whether average month wage or special minimum.  Format: \$\$\$cc
Other Retirement Insurance Amount	N	701-706	This will appear only if the controlling primary insurance amount (PIA) reflects the average monthly wage PIA for the other claim.  Format: \$\$\$\$cc
Larger Full Monthly Benefit Amount	N	707-712	This reflects the Larger Full Monthly Benefit Amount (LFMBA) reduced for the family maximum. In the case of triple entitlement, LFMBA in the first dual entitlement field is for the auxiliary (B) claim, and LFMBA in the second dual entitlement field is for the survivor (D) claim.  Format: \$\$\$cc
	N	713-718	This reflects the excess amount
	MBC Type  Other Date of Entitlement  Other Primary Insurance Amount  Other Retirement Insurance Amount	MBC Type A  Other Date of Entitlement N  Other Primary Insurance Amount N  Other Retirement Insurance Amount N  Larger Full Monthly Benefit Amount	MBC Type  A 585-688 (Field 3)  Other Date of Entitlement N 689-694  Other Primary Insurance Amount N 701-706  Larger Full Monthly Benefit Amount N 707-712

LENGTH	DATA ELEMENT  Larger Excess Monthly  Benefit Amount	ТҮРЕ	POSITION	payable on the Larger Excess Monthly Benefit Amount (LEMBA). In the case of triple entitlement, LEMBA in the first dual entitlement field is for the auxiliary (B) claim, and LEMBA in the second dual entitlement field is for the survivor (D) claim.  Format: \$\$\$\$cc	
6	Smaller Full Monthly Benefit Amount	N	719-724	This field contains the Smaller Full Monthly Benefit Amount (SFMBA) reduced for the family maximum. In the case of triple entitlement, SFMBA in the first dual entitlement field is for the primary (A) claim, and SFMBA in the second dual entitlement field is blank.  Format: \$\$\$\$cc	
6	Smaller Actuarially Reduced Monthly Benefit Amount	N	725-730	This field reflects the Smaller Monthly Benefit Amount reduced for maximum and age (SAMBA). In the case of triple entitlement, SAMBA in the first dual entitlement field is for the primary (A) claim, and SAMBA in the second dual entitlement field is blank.  Format: \$\$\$cc	
1	Dual Entitlement Status Code	AN	731	For triple entitlement cases, dual entitlement status code is based on the primary (A) and auxiliary (B) claims. It is assumed that the survivor (D) benefit is in the payment status as the primary payment status.  Blank Default value  O Neither benefit in current payment status  1 Smaller benefit only in current payment status  2 Larger benefit only in current payment status  3 Both benefits eligible for current payment status (checks may be combined or separate)	

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				4 Primary is working on record on which auxiliary entitlement exists 5 Larger benefit is subject to full government pension/worker's compensation offset S Dual entitlement suspended, technical entitlement terminated
1	Other Office Code	N	732	1-8 Payment center that has jurisdiction A-H Payment center that has jurisdiction when wage earner is disabled
1	Type of Dual Entitlement	AN	733	This reflects the type of dual entitlement on the Master Beneficiary Record (MBR).  1 Primary/Auxiliary (or Survivor) 2 Survivor/Auxiliary 3 Insured/Prouty 4 Triple entitlement
1	Other Primary Insurance Amount Factor Code	AN	734	This equals the primary insurance factor code values in the other account.  A Special Age 72 (Prouty) — transitionally insured (as of 6/82 or later) B Average monthly wage C Special minimum E Death Primary Insurance Amount (PIA) average monthly wage F Death PIA special minimum G AMW life and death PIAs are equal H Life and death special minimum PIAs are equal K Prorated (totalized) PIA L Average indexed monthly earnings M Minimum PIA if greater than Average Indexed Monthly Earnings (AIME) N New start guarantee PIA

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
				O Old start guarantee PIA S Subsequent Disability Insurance Benefits (DIB) guarantee PIA V Modified old start windfall PIA Z Northern Mariana Islands (NMI) computation (for future use) 5 Modified new start windfall PIA 7 1990 new start	
				8 1990 old start	
1	Other Primary Insurance Amount Factor Code Two	AN	735	This represents the Primary Insurance Factor Code 2 in the other account. (For future use)	
4	Other Eligibility Year	N	736-739	This represents the other eligibility year.  Format: CCYY	
100	Reserved for future use	AN	740-839	Not currently used.	

<sup>\*</sup>There could be 5 occurrences of this information.

## 8C.1 TITLE XVI RESPONSE RECORD LAYOUT - ABRIDGED

(this is appended to the SSN Verification/Standard Response)

DATA ELEMENT	POSITION
Essential Person Indicator	157
Appeal Code	158
Date of Appeal	159-166
Last Redetermination Date	167-174
Person's Own Social Security Number (SSN)	175-183

<sup>\*\*</sup>There could be 8 occurrences of this information (See "Error! Reference source not found." for an explanation of how to use this information.)

	200171011
DATA ELEMENT Type of Recipient	<b>POSITION</b> 184-185
Type of Recipient	104 103
Record Establishment Date	186-193
Date of Birth	194-201
Date of Death	202-209
Date of Death Source Code	210
Payment Status Code	211-213
Current Pay Status Effective Date	214-219
SSN Correction Indicator	220
Sex Code	221
Race Code	222
Resource Code - House	223
Resource Code - Vehicle	224
Resource Code - Insurance	225
Resource Code - Property	226
Resource Code - Other	227
Other Name	228-233
Given Name	234-243
Middle Initial	244
Surname	245-263
Appeals Decision Code	264-265

DATA ELEMENT	POSITION
Date of Eligibility	266-271
Medicaid Effective Date	272-279
Application Date	280-287
Telephone Number	288-297
Record Source Code	298
Alien Indicator Code	299
Alien Date of Residency	300-305
Country of Origin	306-307
Third Party Insurance Indicator	308
Medicaid - Unpaid Medical Expense Indicator	309
Denial Code	310-312
Denial Date	313-320
Food Stamp Interview Date	321-326
Food Stamp Application	327
Food Stamp Recipient Status	328
Blank	329
Onset Date of Disability/Blindness	330-337
Disability Payment Code	338
Blank	339
Rollback Code	340
Blank	341

DATA ELEMENT	POSITION
Welfare ID Number	342-363
State Code of Conversion	364-365
Special Needs Code	366
Appeals Decision Date	367-374
Blank	375-379
Direct Deposit Indicator	380
Blank	381
Payee Name and Address Number of Lines	382
Payee Name and Mailing Address	383-514
Payee ZIP Code	515-519
Payee ZIP Code + 4	520-523
State & County Code of Jurisdiction	524-528
District Office (DO) Code	529-531
Blank	532
Blank	533
Earned Income - Wage Amount	534-539
Earned Income - Net Self-Employment Estimate	540-545
Blind Work Expense (BWE) Exclusion	546-551
Earned Income Exclusion (Plan for Self-support)	552-557
Blank	558

DATA ELEMENT	POSITION
Unearned Income - Number of Occurrences	559
Official field filed file - Number of Occurrences	339
Unearned Income Type Code *	560-856
onearned income Type code	(Field 1)
	(Ficially
Unearned Income Verification Code *	560-856
	(Field 2)
Unearned Income Start Date *	560-856
	(Field 3)
Unearned Income Stop Date *	560-856
	(Field 4)
Unearned Income Amount *	560-856
	(Field 5)
Unearned Income Frequency *	560-856
	(Field 6)
Claim or Identification Number For Unearned Income *	560-856
Claim of Identification Number For Offeathed filcome	(Field 7)
	(Field 7)
Blank	857
Didiik	037
Representative (Rep) Payee Indicator	858
Rep Payee Selection Date	859-866
Custody Code	867-869
Competency Code	870
Type of Payee Code	871-873
	074
Blank	874
SSN Multiple SSN Indicator	075
SSN-Multiple SSN Indicator	875
SSN-List of Multiple SSNs **	876-920
3314 List of Hiditiple 33143	070 320

	DOSTION
DATA ELEMENT Blank	POSITION 921
Dialik	921
Residence Address-Number of Lines	922
Residence Address	923-1032
Residence ZIP Code	1033-1037
Residence ZIP Code + 4	1038-1041
Blank	1042
Last Transaction Type	1043-1044
Last Transaction Date	1045-1052
Blank	1053
Blank	1054
Advance Payment Indicator	1055
Advance Payment Date	1056-1063
Advance Payment Amount	1064-1068
Blank	1069
Interim Assistance Reimbursement Status Code	1070
State and County Code of Reimbursement	1071-1075
Blank	1076
Payment Date	1077-1084
SSI Gross Payable Amount (Current)	1085-1091
State Gross Payable Amount (Current)	1092-1098
Payment History (PHIST) Number of Occurrences	1099-1100

DATA ELEMENT	DOCUTION
DATA ELEMENT	POSITION
PHIST Payment Date ***	1101-1292 (Field 1)
SSI Monthly Assistance Amount ***	1101-1292 (Field 2)
State Supplement Amount ***	1101-1292 (Field 3)
PHIST Payment Payflag 1 ***	1101-1292 (Field 4)
PHIST Payment Payflag 2 ***	1101-1292 (Field 5)
Blank	1293
Overpayment/Underpayment Indicator	1294
Month of Change	1295-1300
Budget Month Flag	1301
Payment Status Code (Current)	1302-1304
Federal Living Arrangement Code (Current)	1305
Living Arrangement Code - Optional State Supplement	1306
State and County Code of Jurisdiction (Current)	1307-1311
Concurrent State Payment Code	1312
Medicaid Eligibility Code	1313
Head of Household Indicator	1314
Filler	1315
Student Indicator	1316

DATA ELEMENT	POSITION
Earned Income - Net Countable Amount	1317-1322
Unearned Income - Net Countable Amount	1323-1328
SSI Gross Payable Amount	1329-1333
State Gross Payable Amount (Current)	1334-1338
Conditional Payment	1339
Medicaid Test Indicator	1340
Federal Eligibility Code	1341
Optional State Eligibility Code	1342
Mandatory Eligibility Code	1343
Deemed Income Amount	1344-1349
Federal Living Arrangement Code - Budget Month	1350
Earned Income - Retrospective Net Countable Amount	1351-1356
Unearned Income Retrospective Net Countable Amount	1357-1362
Deemed Income Amount Retrospective	1363-1368
40 QQ History	1369-1468

<sup>\*</sup>There can be 9 occurrences of this information

<u>NOTE</u>: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

## 8C.2 <u>TITLE XVI RESPONSE RECORD LAYOUT - UNABRIDGED</u>

<sup>\*\*</sup> There can be 5 occurrences of this information

<sup>\*\*\*</sup> There can be 8 occurrences of this information (See "APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE" for an explanation of how to use this information.)

(this is appended to the SSN Verification/Standard Response)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LEINGIR	DATA ELEIVIENT	ITPE	PUSITION	DEFINITION
1	Essential Person Indicator	AN	157	A code indicates whether an essential person exists in the case and the relationship of the essential person to the eligible individual (applies only to cases converted from the State in December 1973).
				0 None
				1 Ineligible spouse is essential person
				2 Living with father is essential person
				3 Living with mother is essential person
				4 Non-relative is in SSN of Eligible Spouse/Parent field
				5 Non-relative is in SSN of Other Parent field
				A Ineligible spouse and at least one other person are
				essential persons  B Living with father and at least one other person are
				essential persons C Living with mother and at least one other person are essential persons
				D There are at least two essential persons, one of whom is in SSN of Eligible Spouse/Parent field
				E There are at least two essential persons, one of whom is in SSN of Other Parent field
				F Living with parent is essential person (applicable in pipeline cases only)
1	Appeal Code	А	158	Level of appeal.
				A Appeals Council Review C Court Case D Decision Review Board Review
				F Fed RO Review H Hearing

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				I Initial Determination Review
				O Class Action R Reconsideration
				N Neconsideration
8	Date of Appeal	N	159-166	Date of the most recent appeal action.
				Format: MMDDCCYY
8	Last Redetermination Date	N	167-174	Completion date of the last Redetermination. Redetermination form has been received and all required actions are completed.  Format: MMDDCCYY
9	Person's Own Social Security Number (SSN)	N	175-183	Social security number of the recipient.
2	Type of Recipient	A	184-185	Indicates the type of recipient or other individual, involved in the record. If a recipient is initially disabled, this code will not change at age 65.  Al Age individual AS Aged spouse BI Blind individual BC Blind child BS Blind spouse DC Disabled child DI Disabled individual DS Disabled spouse XF Ineligible parent/father XM Ineligible parent/mother XP Ineligible essential person who is not an ineligible parent or spouse XS Ineligible spouse
8	Record Establishment Date	N	186-193	Indicates the date of establishment for the SSI record of the recipient. For a record re-accreted after T30 termination, the date will be the date of reestablishment.  Format: MMDDCCYY
8	Date of Birth	N	194-201	Date of birth (month, day, and year) of the recipient.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMDDCCYY
8	Date of Death	N	202-209	Date of death of the recipient. Day of actual death will be shown when available. However, if the date of death is posted from a returned check, the day will reflect "01" or the date the returned check was processed.
				Format: MMDDCCYY
1	Date of Death Source Code	N	210	Source of the death notice. The code may change if the death is updated by a subsequent transmission.  O Initialized value 1 SSA DO notification or manual adjustment 2 Electronic death registration notification
				3 MBR notification 4 Treasury returned check notification
				5 Returned check from Treasury with no death date shown. (Death date field will show date of transaction) 6 State notification
3	Payment Status Code	AN	211-213	This is a three position alpha numeric display made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement payment, the second (the second and third positions) of which reflects the reason for the status.  The complete list of Payment Status
				code values are listed in APPENDIX F - PAYMENT STATUS CODE VALUES.
6	Current Pay Status Effective Date	N	214-219	The effective date of the last change to payment status code.  Format: MMCCYY
1	SSN Correction Indicator	А	220	Indicates the status of pseudo SSN (900 series) or invalid SSN assigned to

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION the recipient
				the recipient.  A A pseudo or invalid SSN appears in the SSN field and a valid SSN in the last 9 positions of the SSN-List of Multiple SSN's field is being initially transmitted to the State  B Valid SSN appears in the SSN field and the pseudo or invalid SSN is shown in one of the slots of the SSN - List of Multiple SSNs field
1	Sex Code	А	221	Indicates the sex of the recipient.
				F Female M Male U Unknown
1	Race Code	A	222	This code indicates the race, if applicable, of the recipient.  A Asian B Black H Hispanic I North American Indian N Negro O Other U Not determined W White
1	Resource Code - House	A	223	Indicates whether the recipient owns a house.  A Possession of a home - principal place of residence not to be disposed of F Unverified (obsolete) J Possession of a home - principal place of residence to be disposed of S Equity in property T Home and equity in property Z None Blank Not determined * Initial claims exception
1	Resource Code - Vehicle	A	224	Indicates whether the recipient owns a vehicle. If so, indicates whether individual must dispose of vehicle.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				B Vehicle either over or under limit K Agreement to dispose G Unverified resource Z None Blank Not determined
1	Resource Code - Insurance	А	225	Indicates whether the recipient has insurance. If so, indicates whether individual must dispose of insurance.  C Face value over \$1,500 H Unverified resource L Agreement to dispose Z None Blank Not determined
1	Resource Code - Property	A	226	This code indicates whether or not the recipient owns income producing property. If so, the code indicates whether or not the individual must dispose of the property.  D Income producing property M Agreement to dispose O Under/over limit Z None Blank Not determined
1	Resource Code - Other	А	227	Indicates whether the recipient owns other resources. If so, indicates whether individual must dispose of other resources.  E Over limit N Agreement to dispose Z None Blank Not determined
6	Other Name	Α	228-233	Another name used by the recipient.
10	Given Name	А	234-243	Self-explanatory.
1	Middle Initial	А	244	Self-explanatory
19	Surname	Α	245-263	Self-explanatory.
2	Appeals Decision Code	AN	264-265	Decision rendered on the appeal.  AD Dismissed/Abandoned

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				FA Favorable/SSA Appealed (Court Case only)  FC Fully/Partially Favorable (Converted records only)  FF Fully Favorable FN Favorable/SSA Not Appealed (Court Case only)  OT Closed: Other PF Partially Favorable  T1 Dismissed: Claimant Deceased UA Unfavorable/Appealed by Recipient (Court Case only)  UF Unfavorable UN Unfavorable/Not Appealed by Recipient (Court Case only)  WC Dismissed/Withdrawn (Converted Records only)  WD Dismissed: Withdrawn 1D Dismissed: Cannot be Appealed  2D Dismissed: Filed by Improper Requestor  3D Dismissed: Filed Late Without Good Cause
6	Date of Eligibility	N	266-271	Month and year of the application date, final onset date, or attainment of age 65, whichever is later.  Format: MMCCYY
8	Medicaid Effective Date	N	272-279	Date of the most current period of eligibility or referral for Medicaid (see Medicaid Eligibility Code). For interstate move from non-Federal Medicaid determination State, field will contain date for which residence in current State is established. For interstate move between two Federal Medicaid determination States, this date will not change unless eligibility factors cause a change in the Medicaid Eligibility Code field. Field is zero-filled if record is going to a non-Federal Medicaid determination State. In cases where a mandatory minimum State supplementary payment is applicable, Medicaid eligibility will always be established as of the first

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				day of the month.
				Format: MMDDCCYY
				romat. Wivibbeer
8	Application Date	N	280-287	The date the claimant files the application for SSI benefits, or the date the individual is deemed to have filed the application. Conversion cases may show a date prior to 1/1/74. A second or subsequent effective application(s) would result in the creation of new SSR(s) with a corresponding application date(s).
				Format: MMDDCCYY
10	Telephone Number	N	288-297	Recipient's telephone number.
1	Record Source Code	А	298	A code indicating the source of the record.
				C Initial State conversion case D Identifies conversion records which may or may not have been properly identified as State deletions (may currently be eligible) N District Office new claim P District Office pipeline record Blank District Office new claim
1	Alien Indicator Code	A	299	Indicates if eligible/ineligible individual is in special alien status.  1 No status alleged 2 Valid status alleged, but not provenN13 being processed A Proven U.S. born, U.S. citizen B Alleged U.S. born, U.S. citizen C U.S. Citizen born outside the U.S. (includes naturalized citizens) D Alleged U.S. citizen, continuous residence since 1/1/72 E Citizenship/alien status not proven; case denied for reason(s) other than citizenship/alien status F Refugee Status - Sections 207 r

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				203 (A) (7) of the INA
				G Parole Status - Section 212(d)
				of the INA
				H Silva vs Levi Alien
				I Indochinese refugee
				(obsolete)
				J Deferred action
				K Alien lawfully admitted to the
				U.S. for permanent residence
				L Asylum status, Section 208 of the INA
				M Resident of the Northern
				Mariana Islands (obsolete)
				N Identity and citizenship
				verified by Numident interface
				(Code was previously B)
				P Pre-January 1, 1972 alien
				(presumed lawfully admitted
				for permanent residence)
				Q Alleged U.S. born, U.S. citizen
				(allegation corroborated by a
				U.S. place of birth shown on
				the Numident)
				R Legal temporary resident –
				status granted as a result of
				the Immigration Reform and
				Control Act of 1986
				S Legal permanent resident – status granted as a result of
				the Immigration Reform and
				Control Act of 1986
				T Alien granted voluntary
				departure
				U Unknown
				V Systems override applied
				following interface edit
				(obsolete)
				W Alien granted stay of
				deportation
				X Cuban/Haitian entrant
				Y Legalized agricultural worker
				pursuant to the Immigration
				Reform and Control Act of
				1986
				Z Alien on whose behalf an
				immediate relative petition
				has been approved  * Unreadable transmission
				Officadable transmission
6	Alien Date of Residency	N	300-305	The date the alien's residency began.
	Alien Date of Residency	_ ' '	300-303	The date the uner 3 residency began.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMCCYY
2	Country of Origin	А	306-307	Codes corresponding to those listed in the <u>Geopolitical Entities</u> , <u>Names</u> , <u>and Codes (GENC) Standard</u> .
1	Third Party Insurance Indicator	A	308	Indicates whether there could be third parity liability for health care expenses (Not updated after initial posting).  A Third party liability does exist but applicant refuses to assign rights  N Third party liability does not exist (1634 State only)  Q Medicaid qualifying trust may exist  R Failure to cooperate in providing third party  Y Third party liability does exist (1634 State only) and applicant agrees to assign rights  Blank Not applicable
1	Medicaid - Unpaid Medical Expense Indicator	A	309	Indicates whether the claimant incurred any medical expenses during the 3-month retroactive period which remain unpaid (not updated after initial posting).  Y Unpaid bills do exist (1634 States only)  N Unpaid bills do not exist (1634 States only)  Blank Not applicable
3	Denial Code	AN	310-312	Reason an applicant was initially denied or SSI/SPP.  The complete list of Payment Status code values are listed in APPENDIX F - PAYMENT STATUS CODE VALUES.
8	Denial Date	N	313-320	Date the applicant was denied SSI benefits and/or State supplementation.  Format: MMDDCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
6	Food Stamp Interview Date	N	321-326	Month and year of the initial Food Stamp data input. Format: MMCCYY
1	Food Stamp Application	A	327	Indicates whether or not SSA personnel took an application for food stamps.  Y Yes N No A SSA taking food stamp application in waiver state and shelter cost is at or above state standard. B SSA taking food stamp application in waiver state and shelter cost below state standard. Z Invalid character(s) transmitted Blank No input
1	Food Stamp Recipient Status	A	328	Whether recipient current receives Food Stamps or has filed an application for Food Stamps in the past 60 days on which no decision has been made.  Y Yes N No Z Invalid character(s) transmitted Blank No input
1	Blank		329	Not used.
8	Onset Date of Disability/Blindness	N	330-337	The date of disability onset alleged by the applicant is retained on the SSR during the period in which the case is awaiting a medical determination, or in the case of a medical denial. After a final disability/blindness allowance, the date of onset displayed will be either: date of disability onset established for Title II purposes in concurrent Title II/Title XVI allowance; or date of onset established for Title XVI

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				only medical allowances. This date will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset.  Format: MMDDCCYY
1	Disability Payment Code	AN	338	Indicates the status of SSI disability and blind cases.
				F Final determination allowance P Presumptive finding R Referred to State agency. Code indicates a) Final determination denial, or b) Pending determination S State determination (conversion case only) allowance T Presumptive finding. State conversion record X No disability determination made (claim denied on basis of non-disability issues) Blank Not applicable. * Data transmitted in error  NOTE: F or S only exist for disability allowance cases. The field is left as R, P or T for initial disability denials
1	Blank	А	339	Not used.
1	Rollback Code	A	340	This indicator applies to State- converted disability cases and indicates if the recipient received State payments prior to 7/1/73 or is subject to Title XVI disability criteria.  1 Potential rollback 2 State payment before 7/73 3 No disability payment prior to 7/73 (State DDS determination needed) 4 Meets Title XVI criteria 5 Not disabled (Title XVI criteria), reviewed and denied by State DDS 6 Final disability allowance

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				determination not input 7 Final disability denial
				determination not input
				Blank Not applicable
1	Blank		341	Not used.
22	Welfare ID Number	AN	342-363	This is the State Welfare ID number.
2	State Code of Conversion	N	364-365	State from which the individual was
				converted to the Federal program.
1	Special Needs Code	Α	366	Indicates whether the State grant
	•			amount includes an allowance for
				special needs (This information is for
				other than Essential Person).
				Y Special needs included in the
				State benefit amount  N Special needs not included in
				the State benefit amount
8	Appeals Decision Date	N	367-374	
				Date Appeals decision was rendered.
				Format: MMDDCCYY
5	Blank		375-379	Not used.
				Not used.
1	Direct Deposit Indicator	Α	380	Indicates direct deposit data.
				C Checking
				E Electronic Benefits Transfer
				S Savings
				Blank None
1	Blank		381	Not used.
1	Payee Name and Address	N	382	Reflects the total number of lines
_	Number of Lines	'	332	needed to show the full payee name
				and mailing address. Up to 6 lines
				maximum.
132	Payee Name and	AN	383-514	The mailing address which will appear
	Mailing Address			on the SSI check and other systems-
				generated correspondence to the individual and his/her
				representative payee (Each line is 22
				characters long).
5	Payee ZIP Code	N	515-519	This element is a 5 digit code for the
	. ,	1	, <del></del>	

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				payee's address, which is required for postal service handling.
4	Payee ZIP Code + 4	N	520-523	If present on the SSR master file, the ZIP Code plus 4 portion of the payee's address.
5	State & County Code of Jurisdiction	N	524-528	Indicates the State and county that are responsible for any mandatory or optional supplementation payment. Represents the State and County of residence for recipient unless another State and County have jurisdiction.
3	District Office (DO) Code	AN	529-531	The servicing SSA office code.
1	Blank		532	Not used.
1	Blank		533	Not used.
6	Earned Income - Wage Amount	N	534-539	Gross amount of wages for the month which the recipient expects to earn in the month reflected in the Earned Income Period field.
				Format: \$\$\$\$cc
6	Earned Income - Net Self- Employment Estimate	N	540-545	Estimated net amount of self- employment income for the period shown in Earned Income Period field.
				Format \$\$\$\$cc
6	Blind Work Expense (BWE) Exclusion	N	546-551	Amount of work expenses of a blind recipient for the month in the Earned Income Period field which may be excluded from earned income.
				Format: \$\$\$\$cc
6	Earned Income Exclusion (Plan for Self-support)	N	552-557	Monthly amount of income for blind or disabled recipients which may be excluded under an approved plan of self-support.
				Format: \$\$\$\$cc
1	Blank		558	Not used.
1	Unearned Income - Number	N	559	This data element reflects the number

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
	of Occurrences			of entries for the seven unearned
				income data elements. Up to 9
				occurrences maximum.
1*	Unearned Income	Α	560-856	Indicates the particular kind of
	Type Code		(Field 1)	unearned income the recipient is, or
				was, receiving.
				A Social Security - Title II
				B Black Lung
				C VA compensation (not based
				on need)
				D RRB E VA pension (based on need)
				F Assistance based on need and
				not excluded from unearned
				income
				G Retroactive Title II benefits
				posted as if paid when due,
				used in Title XVI offset
				computation
				H In-kind support and
				maintenance
				I Ineligible child allocation (not
				income)  J Value of one-third (1/3)
				reduction for Living
				Arrangement code B
				K Blind countable income
				(conversion cases)
				L Military retired pay
				M Federal Civil Service pension
				N Support payments received
				from absent parent
				O Income based on need from
				private sources
				P Employment-related pension (State or local government
				retirement, private pension)
				Q Worker's Compensation
				R Rents, interest, dividends,
				royalties
				S Other
				T Alaska Longevity bonus
				U Concurrent and Title II only
				attorney's fees allocated over
				months where Type A, G or W
				unearned income is present
				V Manually computed deemed
		1		income

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				W Retroactive Title II benefits posted as if paid when due, used in the Title II offset computation X Minimum income level amount (not income) Y Special need reduction (applies to a Federal countable minimum income level) (not income) Z State countable income Blank Initialized value
1*	Unearned Income Verification Code	N	560-856 (Field 2)	Indicates whether or not the unearned income allegations of the recipient have been verified.  O Number and income have not been verified  Number has been verified, amount has not been verified  Number and income amount have been verified  Number and income amount have been verified  VA, OPM, RRB overlaid amount was the same as the amount shown for the prior month  Same as "3" above, except the overlaid amount was not the same as the amount shown for the prior month  For type A, same as "3" above except verification code was "2" before the MBR interface. If type X, Federal countable MIL transmitted by FO in conjunction with T30/T50 procedures.  For type A, one-time payment from the MBR in which there was no pre-existing entry on the SSR before the interface. If type X, special Federal countable MIL systems generated. Special MIL established by the system which does not consider N frequency code for Title II payments received in the first quarter of 1974. When this

LENGT	DATA SI SAASAT	TVC	DOCUTION	DEFINITION
LENGTH	DATA ELEMENT	TYPE	POSITION	code is present, the 01/74 MIL is frozen and the system will not recalculate for 01/74. Federal countable MIL— systems generated. This is the standard type X income. State countable MIL or income transmitted by FO (applicable to Vermont only) State countable MIL or income (code 8) adjusted by the system (applicable to Vermont only) Blank Data is not present or cannot be disclosed
6*	Unearned Income Start Date	N	560-856 (Field 3)	Indicates the date when the unearned income started if the payment is monthly, or when received if a one-time payment.  Format: MMCCYY
6*	Unearned Income Stop Date	N	560-856 (Field 4)	Reflects the effective date of termination of unearned income. In a situation where the unearned income amount changes, this will be the last date the previous rate, or one-time payment, was received.  Format: MMCCYY
6*	Unearned Income Amount	N	560-856 (Field 5)	For unearned income other than Social Security benefits (type A), the money will always be greater than zero (0). For A, the money amount will be zero when the claim/identification number has a "T" or "M" suffix (uninsured beneficiary with health benefits).  For suffixes other than "T" or "M", the money amount may be zero (0) if the unearned income frequency code is "C", "N", or "T". This generally occurs because the recipient is dually entitled but receives only one (1) Title II check. Both claim/identification numbers appear in the record, but with a positive money amount for the

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	primary claim number and a zero (0) money amount for the second claim number.  This field contains money amounts that do not represent income to the recipient (i.e., MIL amounts, deeming allocations, and blind countable income for conversion cases).  Format: \$\$\$cc
1*	Unearned Income Frequency	A	560-856 (Field 6)	Indicates whether or not unearned income is being received, or was received.  C Continuous monthly payment or uninsured (Title II claim number suffix "T" and "M"), or Title II benefits in non-pay status  N One-time payment R Used in conjunction with type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit  T Termination of continuous monthly payment U Used only in conjunction with a type "D" entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to a RRB annuity has not been determined Blank Initialized value
12*	Claim or Identification Number For Unearned Income	AN	560-856 (Field 7)	Claim or identification number under which each type of unearned income is being received. For Social Security (Type A), the format is a nine-digit SSN of the insured individual, a two-position left-justified Beneficiary Identification Code (BIC), and a space in position 12 of the field.  For VA Compensation and Pension not

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				based on need (Type C), the format is a nine-digit VA number, two alpha characters and a space in position 12 of the field.
				For Railroad Retirement (Type D), the format is a nine-digit Railroad Retirement Board (RRB) number, two alpha characters (the RRB beneficiary identification) and a space in position 12 of the field.
				For Military Retired Pay (Type L), the format is a nine-digit military ID number, a one-digit character, either alpha or numeric and a space in position 12 of the field.
				For Federal Civil Service Pension (Type M), the format is nine-digit civil service number, a one-position alpha character, a one-digit character, or a space in the eleventh position and a space in position 12 of the field.
				For income-in-kind (Type H), the claim/Identification Number field may contain an identifying legend entered by the DO (e.g., RENT-FREE, FREE-RENT).
1	Blank		857	Not used.
1	Representative (Rep) Payee Indicator	А	858	Y There is a representative payee N There is not a representative payee
8	Rep Payee Selection Date	N	859-866	Date the current payee was selected for the individual and/or spouse.
				Format: MMDDCCYY
3	Custody Code	А	867-869	Indicates who has physical custody of the recipient.
				AGY Social Agency CHD Natural, adoptive or stepchild (as payee for parent) ESP Essential person is

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				payee FDM Federal mental institution FDO Federal non-mental institution FIN Financial Organization FTH Natural or adoptive father GPR Grandparent INP Legally incompetent, but no representative payee MTH Natural or adoptive mother NPM Nonprofit mental institution NPO Nonprofit non-mental institution OFF Public Official OTH Other PRM Proprietary mental institution PRO Proprietary non-mental institution PYE Payee has custody REL Other relative (includes in- laws) RPD The representative payee is being developed SEL Living by self SFT Stepfather SLM State/local mental institution SLO State/local non-mental institution SMT Stepmother SPO Spouse
1	Competency Code	A	870	Identifies the representative payee's status as to legal guardianship and/or the competency of the recipient.  A Recipient is competent and the payee is the legal guardian B Recipient is competent and there is no legal guardian C Recipient is competent and the legal guardian is someone other than the payee D Recipient is incompetent and the payee is the legal guardian E Recipient is incompetent and there is no legal guardian F Recipient is incompetent and there is no legal guardian F Recipient is incompetent and the legal guardian is someone other than the payee

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				L Payee is a financial institution
				with whom the beneficiary has
				entered into a living trust
				agreement
				N There is no legal guardian
				O Someone other than the payee
				is the legal guardian
				Y Payee is the legal guardian
3	Type of Payee Code	A	871-873	This code indicates the individual who
	1,000.1.0,000.000	' '	0,10,0	receives the check.
				AGY Social agency
				CHD Natural, adoptive or stepchild
				(as payee for parent)
				ESP Essential person is payee
				FDM Federal mental institution
				FDO Federal non-mental institution FIN Financial organization
				FIN Financial organization FTH Natural or adoptive father
				GPR Grandparent
				INP Legally incompetent, but no
				representative payee has been
				selected
				MTH Natural or adoptive mother
				NPM Nonprofit mental institution
				NPO Nonprofit non-mental
				institution
				OFF Public official
				OTH Other
				PRM Proprietary mental institution PRO Proprietary non-mental
				institution
				PYE Recipient previously had
				payee, but is now receiving
				direct payments
				REL Other relative (includes in-
				laws)
				RPD The representative payee is
				being developed
				SEL Beneficiary is own payee
				SFT Stepfather
				SLM State/local mental institution SLO State/local non-mental
				institution
				SMT Stepmother
				SPO Spouse
				Blank Beneficiary is own payee
1	Blank		874	Not used.
I .	ı	1	I	

	ı		1	
LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	SSN-Multiple SSN Indicator	N	875	Indicates the number of additional SSNs used by the individual (in the following SSN-List of Multiple SSNs field). Up to 5 SSN occurrences maximum.
9**	SSN-List of Multiple SSNs	N	876-920	Identifies additional social security numbers used by the individual. Space is available to record up to five multiple SSNs for an individual.
1	Blank		921	Indicates the number of lines used for the address at which the applicant lives. Up to 5 lines maximum.
1	Residence Address-Number of Lines	N	922	Indicates the number of lines used for the address at which the applicant lives. This number of lines cannot exceed five (maximum). (Each line is 22 characters long)
110	Residence Address	AN	923-1032	Address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, the field will be blank.
5	Residence ZIP Code	N	1033-1037	ZIP Code of the recipient's address if the residence address is different from the mailing address. Otherwise, the field is blank.
4	Residence ZIP Code + 4	N	1038-1041	This data element reflects the ZIP Code plus 4, if present on the SSI master file, for the residence address of the individual.
1	Blank		1042	Not used.
2	Last Transaction Type	A	1043-1044	This field reflects only one reported event, although more than one reportable event may have occurred simultaneously. The Last Transaction Type and the Last Transaction Date are not always updated on spouse records and on actions occurring during various types of cleanup runs.  The complete list of Transaction Type code values are listed in

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				APPENDIX H - TRANSACTION TYPE
				CODE VALUES
8	Last Transaction Date	N	1045-1052	Date the transaction identified as Last Transaction Type field was applied to the SSR.
				Format: MMDDCCYY
1	Blank		1053	Not used.
1	Blank		1054	Not used.
1	Advance Payment Indicator	A	1055	Indicates whether or not advance payment data is present.
				Y Yes N No
8	Advance Payment Date	N	1056-1063	The date the emergency payment was made to the recipient.
				Format: MMDDCCYY
5	Advance Payment Amount	N	1064-1068	Amount of the emergency payment made to the recipient. It is subtracted from the next scheduled payment. These data are not removed from the record.
				Format: \$\$\$cc
1	Blank		1069	Not used.
1	Interim Assistance Reimbursement Status Code	A	1070	Indicates the timing of SSA reimbursement of State interim assistance payment(s) or the reason for not effecting reimbursement. The assistance reimbursement status code may change (e.g., where reimbursement has been effected or attempted).
				Essential person record,     applicant did not authorize     reimbursement, there is no     Federal/State agreement for     reimbursement     Total amount shown in the SSI     Monthly Assistance Amount

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				and the State Supplement Amount fields is being or was sent to State/county  Part of the amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields in current record is being or was sent to the State/county  Reimbursement not being effected; applicant ineligible or retroactive payment not due (denial)  Reimbursement assistance case pending  Reimbursement check returned  E State failed to report IA payments timely  Z State reported IA payments timely, eIAR computed \$0 IAR
5	State and County Code of Reimbursement	N	1071-1075	Reflects the State/county code corresponding to the agency with which the SSI/SSP applicant signed an authorization for reimbursement of interim assistance payments. This field will be zero-filled in the following situations: record is for an essential person an applicant who may not have authorized (or timely authorized) reimbursement to the State or where there is no Federal/State agreement for reimbursement
1	Blank		1076	Not used.
8	Payment Date	N	1077-1084	Reflects the date of payment of the SSI Gross Payable Amount (Current and the State Supplement Gross Payable Amount (Current) data elements. The two payable amounts are subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION Format: MMDDCCYY
				Format: MINIDDCCTT
7	SSI Gross Payable Amount (Current)	N	1085-1091	The Federal amount the recipient is entitled to receive (before adjustments for overpayments) on the Payment Date shown in positions 1121-1128. This payable amount is subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.  Format: \$\$\$\$cc
7	State Gross Payable Amount (Current)	N	1092-1098	The amount of Federally-administered supplementation the recipient is entitled to receive (before adjustments for overpayments) on Payment Date shown in position 1121-1128. This payable amount is subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.  Format: \$\$\$\$cc
2	Payment History (PHIST) Number of Occurrences	N	1099-1100	The number of historical payment entries (represented as five fields per entry) present on the response. Up to 8 occurrences maximum.
8***	PHIST Payment Date	N	1101-1292 (Field 1)	Date on which payment or recovery was made.  Format: MMDDCCYY
7***	SSI Monthly Assistance Amount	N	1101-1292 (Field 2)	Self-explanatory.
	rissistance Amount		(11010 2)	Format: \$\$\$\$cc
7***	State Supplement Amount	N	1101-1292 (Field 3)	Self-explanatory.
				Format: \$\$\$\$cc
1***	PHIST Payment	AN	1101-1292	Indicates type of payment and

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
	Payflag 1		(Field 4)	whether it was returned.
				0 No payment made
				1 Recurring payment dated the
				first of the month  2 Regular daily payment
				2 Regular daily payment (underpayment)
				3 Supplemental payment dated
				the first of the month
				4 One time payment
				5 Advance payment or
				overpayment recovered
				(amount recovered shown in
				check amount column)
				6 Nonreceipt indicator for
				recurring payment (overlays
				code 1)
				7 Nonreceipt indicator for
				regular daily payment
				(underpayment)(overlays code
				2)
				8 Nonreceipt indicator for
				special supplemental payment (overlays code 3)
				9 Replacement check issued as
				result of nonreceipt claim for
				original check with the same
				date, and code 6 or 8. For
				checks issued prior to 11-01-
				86, both the original check and
				substitute have been cashed.
				For checks issued after 11-01-
				86, both the original and
				substitute checks have been
				cashed if Pay Flag 3 = blank or
				U.
				A Recurring payment returned
				by FO and Treasury
				B Regular daily payment (underpayment) returned by
				FO and Treasury
				C Special supplemental payment
				returned by FO and Treasury
				D OTP returned by FO and
				Treasury
				J Recurring payment returned
				by FO only
				K Regular daily payment
				(underpayment) returned by
				FO only

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION  L Special supplemental payment returned by FO only  M OTP returned by FO only  S Regular daily payment (underpayment) returned by Treasury only  T Special supplemental payment returned by Treasury only  U OTP returned by Treasury only  V Recovery action voided  / Recurring payment returned by Treasury only
1***	PHIST Payment Payflag 2	AN	1101-1292 (Field 5)	This is the period for which an underpayment or OPT was made, or for which an underpayment was withheld to collect an overpayment or advance payment or special payment.  E Total of type 2 underpayment check F Force payment N Force payment not involved or total of type 4 OTP check S Stopped payment, force payment to zero T Record termination U Formerly used to designate an OTP quarterly query
1	Blank		1293	Not used.
1	Overpayment/Underpayme nt Indicator	А	1294	SSI Monthly Assistance Amount reflects overpayment and/or underpayment.  O Overpayment U Underpayment B Both overpayment and underpayment exist
6	Month of Change	N	1295-1300	Represents the month in which one or more of the following items in the matrix changed: Medicaid Eligibility, Payment Status Code, Federal Living Arrangement Code, Living Arrangement Code-Optional Supplement, or State and County code of Jurisdiction.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: MMCCYY
1	Budget Month Flag	A	1301	Budget month used for payment computation.  O Payment based on factors in computation month  1 Payment based on factors 1 month before computation month
				2 Payment based on factors 2 months before computation month
3	Payment Status Code (Current)	AN	1302-1304	This refers to the most current SSI payment status code.
				The complete list of Payment Status code values are listed in APPENDIX F - PAYMENT STATUS CODE VALUES.
1	Federal Living Arrangement Code (Current)	А	1305	Indicates the type of Federal living arrangement (for the current month) of the recipient for Title XVI purposes.
				A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution, living arrangement change in progress, or outside the U.S. X Initial claims surface edit
1	Living Arrangement Code - Optional State Supplement	A	1306	Indicates the type of current living arrangement for the recipient in those States which have elected Federal administration of their optional State supplement.  Code Z will appear in this field where the recipient is not eligible for, or waives, optional supplementation.  (Other codes are possible. Refer to Regional Office definitions of State Supplement Codes.)
5	State and County Code of Jurisdiction (Current)	AN	1307-1311	Indicates the State and county that are responsible for any mandatory or

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				optional supplementation payment. Represents the State and County of residence for recipient unless another State and County have jurisdiction.
1	Concurrent State Payment Code	AN	1312	
				disabled category (opt. supp) and receives an additional \$10 payment in lieu of food stamps
1	Medicaid Eligibility Code	А	1313	Indicates the recipient's Medicaid eligibility status.

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION
				A Refused third party liability assignment-referred to State, Federal determination not possible  B Deeming waived: child under a State home care plan  C Federally administered Medicaid coverage should be continued regardless of payment status code (1619b)  D Disabled adult child  E Eligible per state determination (obsolete)  F Title VIII Recipient  G Goldberg-Kelly payment continuation  I Ineligible per state determination (obsolete)  Q Medicaid Qualifying Trusts may exist  R Referred to State for determination (1634 States), Federal determination not possible  S State determination - not SSA responsibility  W Widow(er)  Y Eligible for Medicaid (1634 States)  Blank Not applicable
1	Head of Household Indicator	AN	1314	A field indicating whether or not the recipient is the head of the household for title XVI purposes at the time the SSR is established. In addition, it is also used to indicate that one member of a couple was determined eligible for SSI/SSP while a disability determination was pending for the other member.  Y Head of household N Not head of household R Member of couple for which the disability determination is or was pending (obsolete) S Member of couple that is (or was) paid as an individual while disability was being

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				determined for other member of the couple (obsolete)  U Identifies month included in computation of (and offset of) underpayment to one member of eligible couple against overpayment to the other
1	Filler		1215	Filler
1	Student Indicator	A	1315	Indicates whether a recipient under age 22 is a student.  Y Student
				N Not a student
6	Earned Income - Net Countable Amount	N	1317-1322	Current month's amount of earned income after all exclusions are applied, used in determining eligibility and, if the Budget Month Flag is zero, computing the payment.
				Format: \$\$\$\$cc
6	Unearned Income - Net Countable Amount	N	1323-1328	Reflects the current month's amount of unearned income after all exclusions are applied. Used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; includes income deemed to the eligible individual.  Format: \$\$\$\$cc
5	SSI Gross Payable Amount	N	1329-1333	The Federal amount the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see the payment history matrix (positions 1101-1292) as explained in APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE.  Format: \$\$\$cc
5	State Gross Payable Amount (Current)	N	1334-1338	The amount of Federally-administered supplementation the recipient was entitled to receive (before adjustments for overpayments) in the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				previous Treasury File. For
				information on actual payments, see
				the payment history matrix (positions
				1101-1292) as explained in APPENDIX
				C - TITLE XVI PAYMENT HISTORY TABLE.
				TABLE.
				Format: \$\$\$cc
1	Conditional Payment	Α	1339	A code indicating whether or not a
	-			payment is or was subject to
				disposition of excess resources. When
				a payment is no longer conditional,
				the code "C" remains.
				Constitution I
				C Conditional N Not Conditional
		<u> </u>		Blank Not Applicable
1	Medicaid Test Indicator	Α	1340	Indicates whether State should
_		'		consider an individual in payment
				status N01 or E01 to be an SSI
				recipient for the purpose of
				determining Medicaid eligibility.
				Codes A, B and F generate Medicaid
				Eligibility Code C. Codes C, D, E, G, H,
				J, K, L and M generate Medicaid
				Eligibility Code R.
				A Meets countable income test;
				no data entered for use and
				insufficiency of earnings test
				B Meets countable income test;
				also meets use and
				insufficiency of earnings tests
				C Meets countable income test;
				does not meet use test
				D Meets countable income test;
				does not meet insufficiency of
				earnings test
				E Meets countable income test;
				does not meet use and insufficiency of earnings tests
				F Meets countable income test;
				use and insufficiency of
				earnings test decision pending
				G Does not meet countable
				income test; no data entered
				for use and insufficiency of
				earnings tests

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				H Does not meet countable income test; meets use and insufficiency of earnings tests  J Does not meet countable income test; does not meet use test  K Does not meet countable income test; does not meet
				insufficiency of earnings tests  L Does not meet countable income test; does not meet use or insufficiency of earnings test
				M Does not meet countable income test; use and insufficiency of earnings tests decisions pending
				N No prerequisite 1611 month available for 1619(b) eligibility (set by the system)
				P No prerequisite 1611 month available for 1619(b) eligibility
				(Set by field office input)  Blank Tests for status for title XIX not applicable
1	Federal Eligibility Code	А	1341	Identifies eligibility for Federal SSI payment in the current month.
				E Eligible N Not eligible Blank Not applicable
1	Optional State Eligibility Code	A	1342	Identifies eligibility for State optional supplement payment in current month.
				E Eligible N Not eligible Blank Not applicable
1	Mandatory Eligibility Code	A	1343	Identifies eligibility for mandatory State Supplementation payment in current month.
				E Eligible N Not eligible Blank Not applicable
6	Deemed Income Amount	N	1344-1349	Current month's amount of income

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION  deemed to the eligible individual used
				deemed to the eligible individual used in computing the payment if the
				Budget Month Flag is zero or blank.
				Format: \$\$\$\$cc
1	Federal Living Arrangement Code - Budget Month	А	1350	Indicates Federal living arrangement in the budget month.
				A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution or outside the U.S. X Initial claims surface edit
6	Earned Income - Retrospective Net Countable Amount	N	1351-1356	Money amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank. Will always show zeros if the Budget Month Flag is zero or blank.
				Format: \$\$\$\$cc
6	Unearned Income Retrospective Net Countable Amount	N	1357-1362	Reflects the money amount of unearned income used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This data element will always equal zeros if the Budget Month Flag data element is equal to zero or blank.
				Format: \$\$\$\$cc
6	Deemed Income Amount Retrospective	N	1363-1368	This is the monthly amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This will always equal zero if the Budget Month Flag data element is equal to zero or blank.  Format: \$\$\$\$cc
100	40 QQ History	AN	1369-1468	This field contains 100 indicators: each
100	40 QQ History	AN	1369-1468	This field contains 100 indicators; each

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				indicator contains either a Y(es) or N(o). Each indicator represents one Qualifying Quarter. These indicators represent the Qualifying Quarters starting from January 1997 and ending December 2021; 25 years worth of data.

<sup>\*</sup>There can be 9 occurrences of this information

<u>NOTE</u>: Title XVI response provides data on the queried SSN. It does not provide data on Essential Person (EP)/Spouse.

#### 8D.1 TITLE II AND TITLE XVI RESPONSE RECORD LAYOUT - ABRIDGED

(this is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

DATA ELEMENT	POSITION
Title II Claim Account Number (CAN) and BIC	157-168
State and County Code	169-173
ZIP Code	174-178
ZIP + 4	179-182
Number of Lines of Address	183
Address	184-315
Direct Deposit Indicator	316
Deferred Payment Date	317-322
Schedule Payment Indicator	323
Schedule Payment Date	324-329
Schedule Prior Payment Amount	330-336
Schedule Current Payment Amount	337-342

<sup>\*\*</sup> There can be 5 occurrences of this information

<sup>\*\*\*</sup> There can be 8 occurrences of this information (See "<u>APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE</u>" for an explanation of how to use this information.)

DATA ELEMENT	POSITION
Schedule Payment Combined Check Indicator	343
LAF Code	344-345
Date of Birth	346-353
Proof of Age Indicator	354
Given Name	355-364
Middle Initial	365
Surname	366-377
Date of Initial Entitlement	378-383
Date of Current Entitlement	384-389
Date of Suspension or Termination	390-395
Sex Code	396
Net Monthly Benefit if Payable (MBP)	397-402
Medicare Indicator	403
Hospital Insurance (HI) Indicator	404
HI Option Code	405
HI Start Date	406-411
HI Stop Date	412-417
HI Premium	418-422
HI Buy-In Indicator	423
HI Buy-In Code	424-426
HI Buy-In Start Date	427-432
HI Buy-In Stop Date	433-438
Supplemental Medical Insurance (SMI) Indicator	439
SMI Option Code	440
SMI Start Date	441-446
SMI Stop Date	447-452

DATA ELEMENT	POSITION
SMI Premium	453-457
SMI Buy-In Indicator	458
SMI Buy-In Code	459-461
SMI Buy-In Start Date	462-467
SMI Buy-In Stop Date	468-473
Welfare Agency Code	474-476
Category of Assistance Code	477
Black Lung Entitlement Code	478
Black Lung Payment Amount	479-484
Railroad Indicator	485
Person's Own Social Security Number (SSN)	486-494
Date of Death	495-502
Disability Onset Date	503-510
Number of Cross-reference Account Number (XRAN) Occurrences	511
Cross-Reference (XREF) Entitlement Number *	512-571 (Field 1)
Cross-Reference (XREF) BIC *	512-571 (Field 2)
Cross-Reference (XREF) Code *	512-571 (Field 3)
Dual Entitlement Number	572-580
Dual Entitlement BIC	581-582
Number of History Occurrences	583-584
Monthly Benefit Credited (MBC) Date **	585-688 (Field 1)
MBC Amount **	585-688 (Field 2)
MBC Type **	585-688

DATA ELEMENT	POSITION (Field 3)
Other Date of Entitlement	, ,
	689-694
Other Primary Insurance Amount	695-700
Other Retirement Insurance Amount	701-706
Larger Full Monthly Benefit Amount	707-712
Larger Excess Monthly Benefit Amount	713-718
Smaller Full Monthly Benefit Amount	719-724
Smaller Actuarially Reduced Monthly Benefit Amount	725-730
Dual Entitlement Status Code	731
Other Office Code	732
Type of Dual Entitlement	733
Other Primary Insurance Amount Factor Code	734
Other Primary Insurance Amount Factor Code Two	735
Other Eligibility Year	736-739
Blank (reserved for future use)	740-839
Essential Person Indicator	840
Appeal Code	841
Date of Appeal	842-849
Last Redetermination Date	850-857
Person's Own Social Security Number (SSN)	858-866
Type of Recipient	867-868
Record Establishment Date	869-876
Date of Birth	877-884
Date of Death	885-892
Date of Death Source Code	893
Payment Status Code	894-896

DATA ELEMENT	POSITION
Current Pay Status Effective Date	897-902
SSN Correction Indicator	903
Sex Code	904
Race Code	905
Resource Code - House	906
Resource Code - Vehicle	907
Resource Code - Insurance	908
Resource Code – Property	909
Resource Code - Other	910
Other Name	911-916
Given Name	917-926
Middle Initial	927
Surname	928-946
Appeals Decision Code	947-948
Date of Eligibility	949-954
Medicaid Effective Date	955-962
Application Date	963-970
Telephone Number	971-980
Record Source Code	981
Alien Indicator Code	982
Alien Date of Residency	983-988
Country of Origin	989-990
Third Party Insurance Indicator	991
Medicaid - Unpaid Medical Expense Indicator	992
Denial Code	993-995

Denial Date         996-1003           Food Stamp Interview Date         1004-1009           Food Stamp Application         1010           Food Stamp Recipient Status         1011           Blank         1012           Onset Date of Disability/Blindness         1013-1020           Disability Payment Code         1021           Blank         1022           Rollback Code         1023           Blank         1024           Welfare ID Number         1025-1046           State Code and Conversion         1047-1048           Special Needs Code         1049           Appeals Decision Date         1050-1057           Blank         1058-1062           Direct Deposit Indicator         1063           Blank         1064           Payee Name and Address Number of Lines         1065           Payee Name and Mailing Address         1066-1197           Payee ZIP Code         1198-1202           Payee ZIP Code + 4         1203-1206           State & County Code of Jurisdiction         1207-1211           District Office (DO) Code         1212-1214           Blank         1215		
Food Stamp Application         1004-1009           Food Stamp Application         1010           Food Stamp Recipient Status         1011           Blank         1012           Onset Date of Disability/Blindness         1013-1020           Disability Payment Code         1021           Blank         1022           Rollback Code         1023           Blank         1024           Welfare ID Number         1025-1046           State Code and Conversion         1047-1048           Special Needs Code         1049           Appeals Decision Date         1050-1057           Blank         1058-1062           Direct Deposit Indicator         1063           Blank         1064           Payee Name and Address Number of Lines         1065           Payee ZIP Code         1198-1202           Payee ZIP Code + 4         1203-1206           State & County Code of Jurisdiction         1207-1211           District Office (DO) Code         1212-1214           Blank         1215           Blank         1216	DATA ELEMENT  Daniel Date	POSITION
Food Stamp Application         1010           Food Stamp Recipient Status         1011           Blank         1012           Onset Date of Disability/Blindness         1013-1020           Disability Payment Code         1021           Blank         1022           Rollback Code         1023           Blank         1024           Welfare ID Number         1025-1046           State Code and Conversion         1047-1048           Special Needs Code         1049           Appeals Decision Date         1050-1057           Blank         1058-1062           Direct Deposit Indicator         1063           Blank         1064           Payee Name and Address Number of Lines         1065           Payee Name and Mailing Address         1066-1197           Payee ZIP Code         1198-1202           Payee ZIP Code + 4         1203-1206           State & County Code of Jurisdiction         1207-1211           District Office (DO) Code         1212-1214           Blank         1215           Blank         1216		
Food Stamp Recipient Status	Food Stamp Interview Date	1004-1009
Blank         1012           Onset Date of Disability/Blindness         1013-1020           Disability Payment Code         1021           Blank         1022           Rollback Code         1023           Blank         1024           Welfare ID Number         1025-1046           State Code and Conversion         1047-1048           Special Needs Code         1049           Appeals Decision Date         1050-1057           Blank         1058-1062           Direct Deposit Indicator         1063           Blank         1064           Payee Name and Address Number of Lines         1065           Payee Name and Mailing Address         1066-1197           Payee ZIP Code         1198-1202           Payee ZIP Code + 4         1203-1206           State & County Code of Jurisdiction         1207-1211           District Office (DO) Code         1212-1214           Blank         1215           Blank         1216	Food Stamp Application	1010
Onset Date of Disability/Blindness         1013-1020           Disability Payment Code         1021           Blank         1022           Rollback Code         1023           Blank         1024           Welfare ID Number         1025-1046           State Code and Conversion         1047-1048           Special Needs Code         1049           Appeals Decision Date         1050-1057           Blank         1058-1062           Direct Deposit Indicator         1063           Blank         1064           Payee Name and Address Number of Lines         1065           Payee Name and Mailing Address         1066-1197           Payee ZIP Code         1198-1202           Payee ZIP Code + 4         1203-1206           State & County Code of Jurisdiction         1207-1211           District Office (DO) Code         1212-1214           Blank         1215           Blank         1216	Food Stamp Recipient Status	1011
Disability Payment Code         1021           Blank         1022           Rollback Code         1023           Blank         1024           Welfare ID Number         1025-1046           State Code and Conversion         1047-1048           Special Needs Code         1049           Appeals Decision Date         1050-1057           Blank         1058-1062           Direct Deposit Indicator         1063           Blank         1064           Payee Name and Address Number of Lines         1065           Payee Name and Mailing Address         1066-1197           Payee ZIP Code         1198-1202           Payee ZIP Code + 4         1203-1206           State & County Code of Jurisdiction         1207-1211           District Office (DO) Code         1212-1214           Blank         1215           Blank         1216	Blank	1012
Blank       1022         Rollback Code       1023         Blank       1024         Welfare ID Number       1025-1046         State Code and Conversion       1047-1048         Special Needs Code       1049         Appeals Decision Date       1050-1057         Blank       1058-1062         Direct Deposit Indicator       1063         Blank       1064         Payee Name and Address Number of Lines       1065         Payee Name and Mailing Address       1066-1197         Payee ZIP Code       1198-1202         Payee ZIP Code + 4       1203-1206         State & County Code of Jurisdiction       1207-1211         District Office (DO) Code       1212-1214         Blank       1215         Blank       1215	Onset Date of Disability/Blindness	1013-1020
Rollback Code       1023         Blank       1024         Welfare ID Number       1025-1046         State Code and Conversion       1047-1048         Special Needs Code       1049         Appeals Decision Date       1050-1057         Blank       1058-1062         Direct Deposit Indicator       1063         Blank       1064         Payee Name and Address Number of Lines       1065         Payee Name and Mailing Address       1066-1197         Payee ZIP Code       1198-1202         Payee ZIP Code + 4       1203-1206         State & County Code of Jurisdiction       1207-1211         District Office (DO) Code       1212-1214         Blank       1215         Blank       1216	Disability Payment Code	1021
Blank       1024         Welfare ID Number       1025-1046         State Code and Conversion       1047-1048         Special Needs Code       1049         Appeals Decision Date       1050-1057         Blank       1058-1062         Direct Deposit Indicator       1063         Blank       1064         Payee Name and Address Number of Lines       1065         Payee Name and Mailing Address       1066-1197         Payee ZIP Code       1198-1202         Payee ZIP Code + 4       1203-1206         State & County Code of Jurisdiction       1207-1211         District Office (DO) Code       1212-1214         Blank       1215         Blank       1216	Blank	1022
Welfare ID Number       1025-1046         State Code and Conversion       1047-1048         Special Needs Code       1049         Appeals Decision Date       1050-1057         Blank       1058-1062         Direct Deposit Indicator       1063         Blank       1064         Payee Name and Address Number of Lines       1065         Payee Name and Mailing Address       1066-1197         Payee ZIP Code       1198-1202         Payee ZIP Code + 4       1203-1206         State & County Code of Jurisdiction       1207-1211         District Office (DO) Code       1212-1214         Blank       1215         Blank       1216	Rollback Code	1023
State Code and Conversion 1047-1048  Special Needs Code 1049 Appeals Decision Date 1050-1057 Blank 1058-1062  Direct Deposit Indicator 1063  Blank 1064  Payee Name and Address Number of Lines 1065  Payee Name and Mailing Address 1066-1197  Payee ZIP Code 1198-1202  Payee ZIP Code 1203-1206  State & County Code of Jurisdiction 1207-1211  District Office (DO) Code 1212-1214  Blank 1215  Blank 1216	Blank	1024
Special Needs Code Appeals Decision Date 1050-1057 Blank 1058-1062  Direct Deposit Indicator 1063  Blank 1064  Payee Name and Address Number of Lines 1065  Payee Name and Mailing Address 1066-1197  Payee ZIP Code 1198-1202  Payee ZIP Code + 4 1203-1206  State & County Code of Jurisdiction 1207-1211  District Office (DO) Code 1212-1214  Blank 1215  Blank 1216	Welfare ID Number	1025-1046
Appeals Decision Date  Blank  Direct Deposit Indicator  1063  Blank  1064  Payee Name and Address Number of Lines  1065  Payee Name and Mailing Address  1066-1197  Payee ZIP Code  1198-1202  Payee ZIP Code + 4  1203-1206  State & County Code of Jurisdiction  1207-1211  District Office (DO) Code  1212-1214  Blank  1215  Blank  1216	State Code and Conversion	1047-1048
Blank1058-1062Direct Deposit Indicator1063Blank1064Payee Name and Address Number of Lines1065Payee Name and Mailing Address1066-1197Payee ZIP Code1198-1202Payee ZIP Code + 41203-1206State & County Code of Jurisdiction1207-1211District Office (DO) Code1212-1214Blank1215Blank1216	Special Needs Code	1049
Direct Deposit Indicator 1063  Blank 1064  Payee Name and Address Number of Lines 1065  Payee Name and Mailing Address 1066-1197  Payee ZIP Code 1198-1202  Payee ZIP Code + 4 1203-1206  State & County Code of Jurisdiction 1207-1211  District Office (DO) Code 1212-1214  Blank 1215  Blank 1216	Appeals Decision Date	1050-1057
Blank 1064 Payee Name and Address Number of Lines 1065 Payee Name and Mailing Address 1066-1197 Payee ZIP Code 1198-1202 Payee ZIP Code + 4 1203-1206 State & County Code of Jurisdiction 1207-1211 District Office (DO) Code 1212-1214 Blank 1215 Blank 1216	Blank	1058-1062
Payee Name and Address Number of Lines  Payee Name and Mailing Address  1065-1197  Payee ZIP Code  1198-1202  Payee ZIP Code + 4  1203-1206  State & County Code of Jurisdiction  1207-1211  District Office (DO) Code  1212-1214  Blank  1215  Blank  1216	Direct Deposit Indicator	1063
Payee Name and Mailing Address  Payee ZIP Code  1198-1202  Payee ZIP Code + 4  State & County Code of Jurisdiction  District Office (DO) Code  Blank  1203-1214  Blank  1215	Blank	1064
Payee ZIP Code       1198-1202         Payee ZIP Code + 4       1203-1206         State & County Code of Jurisdiction       1207-1211         District Office (DO) Code       1212-1214         Blank       1215         Blank       1216	Payee Name and Address Number of Lines	1065
Payee ZIP Code + 4  State & County Code of Jurisdiction  District Office (DO) Code  Blank  1203-1206  1207-1211  1212-1214  1215	Payee Name and Mailing Address	1066-1197
State & County Code of Jurisdiction 1207-1211  District Office (DO) Code 1212-1214  Blank 1215  Blank 1216	Payee ZIP Code	1198-1202
District Office (DO) Code 1212-1214  Blank 1215  Blank 1216	Payee ZIP Code + 4	1203-1206
Blank 1215 Blank 1216	State & County Code of Jurisdiction	1207-1211
Blank 1216	District Office (DO) Code	1212-1214
	Blank	1215
Farned Income - Wage Amount	Blank	1216
Lameu meome - wage Amount	Earned Income - Wage Amount	1217-1222
Earned Income - Net Self-Employment Estimate 1223-1228	Earned Income - Net Self-Employment Estimate	1223-1228

DATA ELEMENT	POSITION
Blind Work Expense (BWE) Exclusion	POSITION 1229-1234
Earned Income Exclusion (Plan for Self-support)	1235-1240
Blank	1241
Unearned Income - Number of Occurrences	1242
Unearned Income Type Code ***	1243-1539 (Field 1)
Unearned Income Verification Code ***	1243-1539 (Field 2)
Unearned Income Start Date ***	1243-1539 (Field 3)
Unearned Income Stop Date ***	1243-1539 (Field 4)
Unearned Income Amount ***	1243-1539 (Field 5)
Unearned Income Frequency ***	1243-1539 (Field 6)
Claim or Identification Number For Unearned Income ***	1243-1539 (Field 7)
Blank	1540
Representative (Rep) Payee Indicator	1541
Rep Payee Selection Date	1542-1549
Custody Code	1550-1552
Competency Code	1553
Type of Payee Code	1554-1556
Blank	1557
SSN-Multiple SSN Indicator	1558
SSN-List of Multiple SSNs *	1559-1603
Blank	1604
Residence Address-Number of Lines	1605

DATA ELEMENT	DOSITION
DATA ELEMENT  Residence Address	<b>POSITION</b> 1606-1715
Residence ZIP Code	1716-1720
Residence ZIP Code + 4	1721-1724
Blank	1725
Last Transaction Type	1726-1727
Last Transaction Date	1728-1735
Blank	1736
Blank	1737
Advance Payment Indicator	1738
Advance Payment Date	1739-1746
Advance Payment Amount	1747-1751
Blank	1752
Interim Assistance Reimbursement Status Code	1753
State and County Code of Reimbursement	1754-1758
Blank	1759
Payment Date	1760-1767
SSI Gross Payable Amount (Current)	1768-1774
State Gross Payable Amount (Current)	1775-1781
Payment History PHIST Number of Occurrences	1782-1783
PHIST Payment Date ****	1784-1975 (Field 1)
SSI Monthly Assistance Amount ****	1784-1975 (Field 2)
State Supplement Amount ****	1784-1975 (Field 3)
PHIST Payment Payflag 1 ****	1784-1975 (Field 4)

DATA ELEMENT	POSITION
PHIST Payment Payflag 2 ****	1784-1975
	(Field 5)
Blank	1976
Overpayment/Underpayment Indicator	1977
Month of Change	1978-1983
Budget Month Flag	1984
Payment Status Code (Current)	1985-1987
Federal Living Arrangement Code	1988
Living Arrangement Code - Optional State Supplement	1989
State and County Code of Jurisdiction (Current)	1990-1994
Concurrent State Payment Code	1995
Medicaid Eligibility Code	1996
Head of Household Indicator	1997
Filler	1998
Student Indicator	1999
Earned Income - Net Countable Amount	2000-2005
Unearned Income - Net Countable Amount	2006-2011
SSI Gross Payable Amount	2012-2016
State Gross Payable Amount (Current)	2017-2021
Conditional Payment	2022
Medicaid Test Indicator	2023
Federal Eligibility Code	2024
Optional State Eligibility Code	2025
Mandatory Eligibility Code	2026
Deemed Income Amount	2027-2032
Federal Living Arrangement Code - Budget Month	2033
Earned Income - Retrospective Net Countable Amount	2034-2039

DATA ELEMENT	POSITION
Unearned Income Retrospective Net Countable Amount	2040-2045
Deemed Income Amount Retrospective	2046-2051
40 QQ History	2052-2151

<sup>\*</sup> There could be 5 occurrences of this information.

#### 8D.2 TITLE II AND TITLE XVI RESPONSE RECORD LAYOUT - UNABRIDGED

(this is appended to the SSN Verification/Standard Response)

Note: In this table, Title XVI fields (starting at position 840) are shaded to distinguish them from Title II fields.

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION
12	Title II Claim Account Number (CAN) and BIC	AN	157-168	Claim Account Number (positions 157-165) and Beneficiary Identification Code (positions 166-168).  The Claim Account Number (CAN) and Beneficiary Identification Code (BIC) under which a Title II claim exists. The CAN portion of the 'claim number' is the SSN of the wage earner on whose record benefits are being paid.  The complete list of BIC Code values are listed in APPENDIX D - BIC CODE VALUES
5	State and County Code	AN	169-173	The first two positions represent the State code; the remaining positions are the county codes (from the Geographic Code Book) that are responsible for any mandatory or optional supplementation payment. This field represents the State and county residence for recipients unless another State and county have

<sup>\*\*</sup> There could be 8 occurrences of this information. (See "Error! Reference source not found." for an explanation of how to use this information.)

<sup>\*\*\*</sup> There could be 9 occurrences of this information.

<sup>\*\*\*\*</sup> There could be 8 occurrences of this information. (See "APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE" for an explanation of how to use this information.)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				jurisdiction.
5	ZIP Code	N	174-178	The zip code of the residence address.
4	ZIP + 4	N	179-182	The additional 4 positions of the zip code where the 9-digit zip code is used.
1	Number of Lines of Address	N	183	The number of 22 position lines of address present. Up to 6 lines maximum.
132	Address	AN	184-315	The residence address of the recipient.
1	Direct Deposit Indicator	A	316	This field will indicate if there is direct deposit data for benefits:  C Checking E Electronic Benefits Transfer S Savings Blank None
6	Deferred Payment Date	N	317-322	Reflects the month and year the first or next payment can be made.  Format: MMCCYY
1	Schedule Payment Indicator	A	323	P Current month accrual amount paid by daily update operation  R Current month accrual paid by monthly merge  Blank Prior month accrual only
6	Schedule Payment Date	N	324-329	Shows the current operating month in which the Schedule Current Payment Amount was processed. For example, it would be 8/97 for a Schedule Current Payment that was paid in 9/97.  The Schedule Prior Payment Amount is paid in month of Schedule Payment Date.  The Schedule Current Payment Amount is paid in month after Schedule Payment Date.  Format: MMCCYY
_		1	222.25	
7		N	330-336	Accumulated payment certified in the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
ELNOTT	Schedule Prior Payment Amount		rosition	Schedule Payment action for all months through the Prior Month Accrual (PMA) date. (PMA date is always one month prior to the Schedule Payment Date.) Zeros will be shown if an actual payment has not been made. The accrual month is the month preceding the current operating month.  For example, the accrual month would be 8/97 if the Schedule Payment Date is 9/97. An 8/97 Schedule Prior Payment Amount check would actually have been received in 9/97.  Format: \$\$\$\$cc
6	Schedule Current Payment Amount	N	337-342	Amount certified in the Schedule Payment action for the current operating month as shown in the Schedule Payment Date. The check is actually paid in the month after the Schedule Payment Date.
1	Schedule Payment Combined Check Indicator	A	343	Y Combined check issued. Indicates Schedule Current Payment Amount. Includes payments for more than one beneficiary (e.g., several children with C BICs). Address information may have shown payments issued to " for Children of ". Refer to Net Monthly Benefit If Payable for individual check amount. N Combined check not issued. Blank Not applicable
2	LAF Code	AN	344-345	Reflects the Master Beneficiary Record (MBR) payment status for this beneficiary.  The complete list of LAF Code values are listed in APPENDIX E - LAF CODE VALUES
8	Date of Birth	N	346-353	Self-Explanatory.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LENGIH	DATA ELEWIENT	ITPE	POSITION	DEFINITION Format: MMDDCCYY
1	Proof of Age Indicator	А	354	A Alleged B Birth/Baptismal C Convincing evidence F Formerly established by SSA N Not proven P Proven Q Established other than B or C
10	Given Name	AN	355-364	Self-explanatory.
1	Middle Initial	AN	365	Self-explanatory.
12	Surname	AN	366-377	Self-explanatory.
6	Date of Initial Entitlement	N	378-383	Date when beneficiary was originally entitled on this record.  Format: MMCCYY
6	Date of Current Entitlement	N	384-389	Date of entitlement to benefits for the current period of entitlement.  Format: MMCCYY
6	Date of Suspension or Termination	N	390-395	Date the event causing the suspension or termination occurred.
				Format: MMCCYY
1	Sex Code	А	396	M Male F Female U Unknown
6	Net Monthly Benefit if Payable (MBP)	N	397-402	Benefit payable after deduction of beneficiary obligations (like SMIB, overpayment, child support, etc.).  Format: \$\$\$\$cc
1	Medicare Indicator	А	403	Y Medicare data is present N Medicare data is not present
1	Hospital Insurance (HI) Indicator	А	404	Indicates whether or not HI data is present.  Y Yes
1	HI Option Code	А	405	N No  C No – cessation of disability D No – Part A coverage denied

LENGTU	DATA ELEMENT	TVDF	DOCITION	DEFINITION
LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	E Yes – automatic; no premium necessary F No - invalid enrollment terminated G Yes - good cause H No - not eligible for free Part A or did not enroll for premium Part A N Obsolete P Railroad Board has jurisdiction R No – refused free Part A coverage S No - no longer under renal disease provision T None – Part A terminated for nonpayment of premiums W No – withdrawal from premium Part A X No - Title II termination (Part B unchanged) Y Yes - Premiums are payable
6	HI Start Date	N	406-411	Self-explanatory.
6	HI Stop Date	N	412-417	Format: MMCCYY  Self-explanatory.  Format: MMCCYY
5	HI Premium	N	418-422	Premium amount collectible.  Format: \$\$\$cc
1	HI Buy-In Indicator	A	423	This code indicates whether there is third party payer data for HI premiums.  Y Yes N No
3	HI Buy-In Code	AN	424-426	State/3rd Party Billing Code  The complete list of code values are listed in APPENDIX G – THIRD PARTY BILLING CODE VALUES
6	HI Buy-In Start Date	N	427-432	First month of coverage for which third party paid HI premium.  Format: MMCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
6	HI Buy-In Stop Date	N	433-438	Last month of coverage for which third party paid HI premium.  Format: MMCCYY
1	Supplemental Medical Insurance (SMI) Indicator	A	439	Indicates whether or not SMI data is present.  If SMI Option Code contains Y, G, C, S, T, or W, then this code will be a Y. Otherwise, this code will be set to N.  Y Yes N No
1	SMI Option Code	A	440	C No (cessation of disability) D No (Part B coverage denied) F No (invalid enrollment terminated) G Yes (good cause) N No (Puerto Rican beneficiary not entitled; also dually/technically entitled beneficiary not entitled to SMI) P Railroad Board has jurisdiction R No (refused Part B coverage) S No (no longer renal disease provision) T No (Part B terminated for nonpayment of premiums) W No (withdrawal from coverage) Y Yes (has Part B coverage)
6	SMI Start Date	N	441-446	First month of coverage.  Format: MMCCYY
6	SMI Stop Date	N	447-452	First month of non-coverage.  Format: MMCCYY
5	SMI Premium	N	453-457	Supplemental premium amount collectible.  Format: \$\$\$cc
1	SMI Buy-In Indicator	A	458	This code indicates whether there is third party payer data present for SMI premiums.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Y Yes N No
3	SMI Buy-In Code	N	459-461	State/3rd Party Billing Code
				The complete list of code values are listed in APPENDIX G – THIRD PARTY BILLING CODE VALUES
6	SMI Buy-In Start Date	N	462-467	Effective start date of buy-in eligibility.
				Format: MMCCYY
6	SMI Buy-In Stop Date	N	468-473	Effective stop date of buy-in eligibility.
				Format: MMCCYY
3	Welfare Agency Code	N	474-476	State exchange welfare code.
1	Category of Assistance Code	А	477	State exchange categorical assistance code:
				A Aged B Blind C AFDC D Disabled F Food Stamps H Health Maintenance I Income Maintenance J AFDC/Family Services K Medicaid & Food Stamps N Title XIX Medicaid Eligibility P Child Support Enforcement S Statement of Consent U Unemployment Compensation
1	Black Lung Entitlement Code	A	478	D Death termination E Entitled N Nonpayment P Pending entitlement T Terminated (other than death)
6	Black Lung Payment Amount	N	479-484	Self-explanatory. Format: \$\$\$\$cc
1	Railroad Indicator	А	485	A Active claim T Terminated claim S Currently Suspended

<b>LENGTH</b> 9	DATA ELEMENT	TYPE		
9			POSITION	DEFINITION
	Person's Own Social Security Number (SSN)	N	486-494	Self-explanatory.
8	Date of Death	N	495-502	Self-explanatory.
				Format: MMDDCCYY
8	Disability Onset Date	N	503-510	First date of onset of disability.
				Format: MMDDCCYY
1	Number of Cross-reference Account Number (XRAN) Occurrences	N	511	Self-explanatory. See the following three fields for the format of an entry. Up to 5 occurrences maximum.
*9	Cross-Reference (XREF) Entitlement Number	AN	512-571 (Field 1)	If the Cross Reference Code = C, the first position of the Cross Reference Entitlement Number is an alpha code as follows:  A Beneficiary's own Civil Service Number F Beneficiary's survivor's Civil Service Number S Beneficiary's spouse's Civil Service Number The last seven digits represent the Civil Service Number. For all other Cross Reference Codes, the Cross Reference Entitlement
*2	Cross-Reference (XREF) BIC	AN	512-571 (Field 2)	Number is a social security number.  The beneficiary identification code associated with the cross-reference entitlement number.  The complete list of BIC Code values
				are listed in APPENDIX D - BIC CODE VALUES
*1	Cross-Reference (XREF) Code	A	512-571 (Field 3)	Indicates what type of income the cross-reference number is (e.g., Black Lung, Civil Service, Military etc.).  A MAFDUP selection precluded-possible duplicate SSN C Beneficiary's Civil Service number or a notation of Civil Service involvement if no

LENGTH	DATA FLEMENT	TYPF	POSITION	DEFINITION
LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION  D Dual wage record number E Simultaneous SSN F Multiple SSN from CAPS G Multiple SSN from ARMSMULT H Multiple SSN from Processing Center or Central Office correction I Occurrence contains key to data on ICDB L Number of Black Lung benefits to which the beneficiary is entitled, or which involve this beneficiary in some way M Number is that of another wage record which belongs to this beneficiary O Number on which beneficiary is or may be potentially entitled to benefits Q Quayle legislation for Veteran's Administration (MAMPSC controls/annotates this information for the entire nation) S Number for prior/potential entitlement as a spouse U Record on which renal kidney
				disease entitlement is based.  V Second validated BOAN
9	Dual Entitlement Number	N	572-580	Other Claim Account Number (CAN) on which entitlement exists.
2	Dual Entitlement BIC	AN	581-582	The beneficiary identification code associated with the dual entitlement number.  The complete list of BIC Code values are listed in APPENDIX D - BIC CODE VALUES
2	Number of History Occurrences	N	583-584	Number of historical payment entries present on the response. See the following three fields for the format of an entry. Up to 8 occurrences maximum.  See Error! Reference source not found. for more information.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
**6	Monthly Benefit Credited (MBC) Date	N	585-688 (Field 1)	Payment data credited date. MBC amount is paid in the month after this date.  Format: MMCCYY
**6	MBC Amount	N	585-688 (Field 2)	The monthly Title II benefit due after any appropriate dollar rounding (considering a deductible of SMI premium) but prior to the actual collection of any obligation of the Beneficiary (including SMI premium).  Amounts may appear after an individual dies. Therefore, States need to check the LAF Code and MBC Type to determine whether payment was issued.  Format: \$\$\$\$cc
**1	MBC Type	A	585-688 (Field 3)	C Benefits paid (credited) N Benefits not paid (not credited) E Benefits not paid (not credited), due to delayed/pending or suspense Blank Benefits not paid (not credited)
6	Other Date of Entitlement	N	689-694	The month and year of the other date of entitlement.  Format: MMCCYY
6	Other Primary Insurance Amount	N	695-700	This reflects the controlling Primary Insurance Amount (PIA) for payment on the other claim, whether average month wage or special minimum.  Format: \$\$\$\$cc
6	Other Retirement Insurance Amount	N	701-706	This will appear only if the controlling primary insurance amount (PIA) reflects the average monthly wage PIA for the other claim.  Format: \$\$\$\$cc
6	Larger Full Monthly Benefit Amount	N	707-712	This reflects the Larger Full Monthly Benefit Amount (LFMBA) reduced for

LENGTH	DATA ELEMENT	TYPE	POSITION	the family maximum. In the case of triple entitlement, LFMBA in the first dual entitlement field is for the auxiliary (B) claim, and LFMBA in the second dual entitlement field is for the survivor (D) claim.  Format: \$\$\$cc
6	Larger Excess Monthly Benefit Amount	N	713-718	This reflects the excess amount payable on the Larger Excess Monthly Benefit Amount (LEMBA). In the case of triple entitlement, LEMBA in the first dual entitlement field is for the auxiliary (B) claim, and LEMBA in the second dual entitlement field is for the survivor (D) claim.  Format: \$\$\$cc
6	Smaller Full Monthly Benefit Amount	N	719-724	This field contains the Smaller Full Monthly Benefit Amount (SFMBA) reduced for the family maximum. In the case of triple entitlement, SFMBA in the first dual entitlement field is for the primary (A) claim, and SFMBA in the second dual entitlement field is blank.  Format: \$\$\$cc
6	Smaller Actuarially Reduced Monthly Benefit Amount	N	725-730	This field reflects the Smaller Monthly Benefit Amount reduced for maximum and age (SAMBA). In the case of triple entitlement, SAMBA in the first dual entitlement field is for the primary (A) claim, and SAMBA in the second dual entitlement field is blank.  Format: \$\$\$cc
1	Dual Entitlement Status Code	AN	731	For triple entitlement cases, dual entitlement status code is based on the primary (A) and auxiliary (B) claims. It is assumed that the survivor (D) benefit is in the payment status as the primary payment status.  Blank Default value  Neither benefit in current payment status  Smaller benefit only in

LENGT	DATA ELEMENT	TVD5	POSITION	DEFINITION
LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION  Surrent navment status
				current payment status  2 Larger benefit only in current
				payment status
				3 Both benefits eligible for
				current payment status
				(checks may be combined or
				separate)
				4 Primary is working on record
				on which auxiliary
				entitlement exists  5 Larger benefit is subject to
				full government
				pension/worker's
				compensation offset
				S Dual entitlement suspended,
				technical entitlement exists
				T Dual entitlement terminated
1	Other Office Code	N	732	1-8 Payment center that has
				jurisdiction
				A-H Payment center that has
				jurisdiction when wage
				earner is disabled
1	Type of Dual Entitlement	AN	733	This reflects the type of dual
				entitlement on the Master Beneficiary
				Record (MBR).
				1 Primary/Auxiliary (or
				Survivor)
				2 Survivor/Auxiliary
				3 Insured/Prouty
				4 Triple entitlement
1	Other Primary Insurance	AN	734	This equals the primary insurance
	Amount Factor Code			factor code values in the other
				account.
				A Special Age 72 (Prouty)
				A Special Age 72 (Prouty) – transitionally insured (as of
				6/82 or later)
				B Average monthly wage
				C Special minimum
				E Death Primary Insurance
				Amount (PIA) average
				monthly wage
				F Death PIA special minimum G AMW life and death PIAs are
				equal
				H Life and death special
				minimum PIAs are equal

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION  K Prorated (totalized) PIA
				L Average indexed monthly
				earnings  M Minimum PIA if greater than
				Average Indexed Monthly
				Earnings (AIME)
				N New start guarantee PIA O Old start guarantee PIA
				S Subsequent Disability
				Insurance Benefits (DIB)
				guarantee PIA V Modified old start windfall
				PIA
				Z Northern Mariana Islands
				(NMI) computation (for future use)
				5 Modified new start windfall
				PIA 7 1990 new start
				8 1990 old start
1	Other Primary Insurance	AN	735	This represents the Primary Insurance
	Amount Factor Code Two			Factor Code 2 in the other account.
				(For future use)
4	Other Eligibility Year	N	736-739	This represents the other eligibility
				year.
				Format: CCYY
100	Blank (reserved for future use)	AN	740-839	Not currently used.
1	Essential Person Indicator	AN	840	A code indicates whether an essential
1	Essential Person Indicator	AIN	840	person exists in the case and the
				relationship of the essential person to
				the eligible individual (applies only to cases converted from the State in
				December 1973).
				0 None
				1 Ineligible spouse is essential
				person
				2 Living with father is essential person
				3 Living with mother is
				essential person 4 Non-relative is in SSN of
				Eligible Spouse/Parent field
				5 Non-relative is in SSN of
				Other Parent field

LENGTH	DATA ELEMENT	TVDF	POCITION	DEFINITION
LENGTH	DATA ELEMENT	ТУРЕ	POSITION	A Ineligible spouse and at least one other person are essential persons  B Living with father and at least one other person are essential persons  C Living with mother and at least one other person are essential persons  D There are at least two essential persons, one of whom is in SSN of Eligible Spouse/Parent field  E There are at least two essential persons, one of whom is in SSN of Other Parent field  F Living with parent is essential person (applicable in pipeline cases only)
1	Appeal Code	A	841	Level of appeal.  A Appeals Council Review C Court Case D Decision Review Board Review F Fed RO Review H Hearing I Initial Determination Review O Class Action R Reconsideration
8	Date of Appeal	N	842-849	Date of the most recent appeal action.  Format: MMDDCCYY
8	Last Redetermination Date	N	850-857	Completion date of the last Redetermination. Redetermination form has been received and all required actions are completed.  Format: MMDDCCYY
9	Person's Own Social Security Number (SSN)	N	858-866	Social security number of the recipient.
2	Type of Recipient	А	867-868	Indicates the type of recipient or other individual, involved in the record. If a recipient is initially disabled, this code will not change at age 65.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				AI Age individual AS Aged spouse BI Blind individual BC Blind child BS Blind spouse DC Disabled child DI Disabled individual DS Disabled spouse XF Ineligible parent/father XM Ineligible parent/mother XP Ineligible essential person who is not an ineligible parent or spouse. XS Ineligible spouse
8	Record Establishment Date	N	869-876	Indicates the date of establishment for the SSI record of the recipient. For a record re-accreted after T30 termination, the date will be the date of reestablishment.  Format: MMDDCCYY
8	Date of Birth	N	877-884	Date of birth (month, day, and year) of the recipient.  Format: MMDDCCYY
8	Date of Death	N	885-892	Date of death of the recipient. Day of actual death will be shown when available. However, if the date of death is posted from a returned check, the day will reflect "01" or the date the returned check was processed.  Format: MMDDCCYY
1	Date of Death Source Code	N	893	Source of the death notice. The code may change if the death is updated by a subsequent transmission.  O Initialized value 1 SSA DO notification or manual adjustment 2 Electronic death registration notification 3 MBR notification 4 Treasury returned check notification 5 Returned check from

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION
				Treasury with no death date shown. (Death date field will show date of transaction)  6 State notification
3	Payment Status Code	AN	894-896	This is a three position alpha numeric display made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement payment, the second (the second and third positions) of which reflects the reason for the status.  The complete list of Payment Status code values are listed in APPENDIX F-PAYMENT STATUS CODE VALUES.
6	Current Pay Status Effective Date	N	897-902	The effective date of the last change to payment status code.  Format: MMCCYY
1	SSN Correction Indicator	A	903	Indicates the status of pseudo SSN (900 series) or invalid SSN assigned to the recipient.  A A pseudo or invalid SSN appears in the SSN field and a valid SSN in the last 9 positions of the SSN-List of Multiple SSN's field is being initially transmitted to the State B Valid SSN appears in the SSN field and the pseudo or invalid SSN is shown in one of the slots of the SSN - List of Multiple SSNs field
1	Sex Code	А	904	Indicates the sex of the recipient.  F Female M Male U Unknown
1	Race Code	А	905	This code indicates the race, if applicable, of the recipient.  A Asian B Black H Hispanic I North American Indian

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				N Negro O Other
				U Not determined
				W White
1	Resource Code - House	A	906	Indicates whether the recipient owns a house.
				A Possession of a home - principal place of residence
				not to be disposed of
				F Unverified (obsolete)  J Possession of a home - principal place of residence
				to be disposed of
				S Equity in property
				T Home and equity in property
				Z None Blank Not determined
				* Initial claims exception
1	Resource Code - Vehicle	А	907	Indicates whether the recipient owns a vehicle. If so, indicates whether
				individual must dispose of vehicle.
				B Vehicle either over or under limit
				K Agreement to dispose
				G Unverified resource
				Z None
				Blank Not determined
1	Resource Code - Insurance	A	908	Indicates whether the recipient has insurance. If so, indicates whether individual must dispose of insurance.
				C Face value over \$1,500 H Unverified resource
				L Agreement to dispose
				Z None
				Blank Not determined
1	Resource Code - Property	Α	909	This code indicates whether or not the
				recipient owns income producing
				property. If so, the code indicates whether or not the individual must
				dispose of the property.
				D Income producing property
				M Agreement to dispose
				O Under/over limit

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION 7 None
				Z None Blank Not determined
1	Resource Code - Other	A	910	Indicates whether the recipient owns other resources. If so, indicates whether individual must dispose of other resources.
				E Over limit N Agreement to dispose Z None Blank Not determined
6	Other Name	Α	911-916	Another name used by the recipient.
10	Given Name	А	917-926	Self-explanatory.
1	Middle Initial	Α	927	Self-explanatory
19	Surname	А	928-946	Self-explanatory.
2	Appeals Decision Code	AN	947-948	Decision rendered on the appeal.
				AD Dismissed/Abandoned FA Favorable/SSA Appealed (Court Case only) FC Fully/Partially Favorable (Converted records only) FF Fully Favorable FN Favorable/SSA Not Appealed (Court Case only) OT Closed: Other PF Partially Favorable T1 Dismissed: Claimant Deceased UA Unfavorable/Appealed by Recipient (Court Case only) UF Unfavorable UN Unfavorable/Not Appealed by Recipient (Court Case only) WC Dismissed/Withdrawn (Converted Records only) WD Dismissed: Withdrawn 1D Dismissed: Withdrawn 1D Dismissed: Filed by Improper Requestor 3D Dismissed: Filed Prematurely 4D Dismissed: Filed Late Without Good Cause
6	Date of Eligibility	N	949-954	Month and year of the application date, final onset date, or attainment

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
22.10111			1 00111011	of age 65, whichever is later.
				Format: MMCCYY
8	Medicaid Effective Date	N	955-962	Date of the most current period of eligibility or referral for Medicaid (see Medicaid Eligibility Code). For interstate move from non-Federal Medicaid determination State, field will contain date for which residence in current State is established. For interstate move between two Federal Medicaid determination States, this date will not change unless eligibility factors cause a change in the Medicaid Eligibility Code field. Field is zero-filled if record is going to a non-Federal Medicaid determination State. In cases where a mandatory minimum State supplementary payment is applicable, Medicaid eligibility will always be established as of the first day of the month.
				Format: MMDDCCYY
8	Application Date	N	963-970	The date the claimant files the application for SSI benefits, or the date the individual is deemed to have filed the application. Conversion cases may show a date prior to 1/1/74. A second or subsequent effective application(s) would result in the creation of new SSR(s) with a corresponding application date(s).  Format: MMDDCCYY
10	Telephone Number	N	971-980	Recipient's telephone number.
1	Record Source Code	A	981	A code indicating the source of the record.  C Initial State conversion case D Identifies conversion records which may or may not have been properly identified as State deletions (may currently be eligible) N District Office new claim P District Office pipeline record Blank District Office new claim

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	Alien Indicator Code	A	982	Indicates if eligible/ineligible individual is in special alien status.  1 No status alleged 2 Valid status alleged, but not provenN13 being processed A Proven U.S. born, U.S. citizen B Alleged U.S. born, U.S. citizen C U.S. Citizen born outside the U.S. (includes naturalized citizens) D Alleged U.S. citizen, continuous residence since 1/1/72 E Citizenship/alien status not proven; case denied for reason(s) other than citizenship/alien status F Refugee Status - Sections 207 r 203 (A) (7) of the INA G Parole Status - Section 212(d) of the INA H Silva vs Levi Alien I Indochinese refugee (obsolete) J Deferred action K Alien lawfully admitted to the U.S. for permanent residence L Asylum status, Section 208 of the INA M Resident of the Northern Mariana Islands (obsolete) N Identity and citizenship verified by Numident interface (Code was previously B) P Pre-January 1, 1972 alien (presumed lawfully admitted for permanent residence) Q Alleged U.S. born, U.S. citizen (allegation corroborated by a U.S. place of birth shown on the Numident) R Legal temporary resident — status granted as a result of the Immigration Reform and Control Act of 1986 S Legal permanent resident — status granted as a result of the Immigration Reform and Control Act of 1986

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LENGTH	DATA ELEMENT	ITPE	POSITION	T Alien granted voluntary departure U Unknown V Systems override applied following interface edit (obsolete) W Alien granted stay of deportation X Cuban/Haitian entrant Y Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986 Z Alien on whose behalf an immediate relative petition has been approved * Unreadable transmission
6	Alien Date of Residency	N	983-988	The date the alien's residency began.  Format: MMCCYY
2	Country of Origin	А	989-990	Codes corresponding to those listed in the <u>Geopolitical Entities</u> , <u>Names</u> , <u>and Codes (GENC) Standard</u> .
1	Third Party Insurance Indicator	A	991	Indicates whether there could be third parity liability for health care expenses (Not updated after initial posting).  A Third party liability does exist but applicant refuses to assign rights  N Third party liability does not exist (1634 State only)  Q Medicaid qualifying trust may exist  R Failure to cooperate in providing third party  Y Third party liability does exist (1634 State only) and applicant agrees to assign rights  Blank Not applicable
1	Medicaid - Unpaid Medical Expense Indicator	А	992	Indicates whether the claimant incurred any medical expenses during the 3-month retroactive period which remain unpaid (not updated after initial posting).  Y Unpaid bills do exist (1634)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION States only)
				N Unpaid bills do not exist (1634 States only)
				Blank Not applicable
3	Denial Code	AN	993-995	Reason an applicant was initially denied or SSI/SPP.
				The complete list of Payment Status code values are listed in APPENDIX F - PAYMENT STATUS CODE VALUES.
8	Denial Date	N	996-1003	Date the applicant was denied SSI benefits and/or State supplementation.
				Format: MMDDCCYY
6	Food Stamp Interview Date	N	1004-1009	Month and year of the initial Food Stamp data input.
				Format: MMCCYY
1	Food Stamp Application	А	1010	Indicates whether or not SSA personnel took an application for food stamps.
				Y Yes N No A SSA taking food stamp application in waiver state and shelter cost is at or above state standard. B SSA taking food stamp application in waiver state and shelter cost below state standard. Z Invalid character(s) transmitted Blank No input
1	Food Stamp Recipient Status	A	1011	Whether recipient current receives Food Stamps or has filed an application for Food Stamps in the past 60 days on which no decision has been made.  Y Yes N No
				Z Invalid character(s) transmitted Blank No input

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION
1	Blank	А	1012	Not used.
8	Onset Date of Disability/Blindness	N	1013-1020	The date of disability onset alleged by the applicant is retained on the SSR during the period in which the case is awaiting a medical determination, or in the case of a medical denial. After a final disability/blindness allowance, the date of onset displayed will be either:  • date of disability onset established for Title II purposes in concurrent Title II/Title XVI allowance; or • date of onset established for Title XVI only medical allowances. This date will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset.  Format: MMDDCCYY
1	Disability Payment Code	AN	1021	Indicates the status of SSI disability and blind cases.  F Final determination allowance P Presumptive finding R Referred to State agency. Code indicates a) Final determination denial, or b) Pending determination S State determination (conversion case only) allowance T Presumptive finding. State conversion record X No disability determination made (claim denied on basis of non-disability issues) Blank Not applicable. * Data transmitted in error  NOTE: F or S only exist for disability allowance cases. The field is left as R, P or T for initial disability denials
1	Blank	А	1022	Not used

LENGTH	DATA ELEMENT	TYPE	DOCITION	DEFINITION
1	Rollback Code	A	1023	This indicator applies to State- converted disability cases and indicates if the recipient received State payments prior to 7/1/73 or is subject to Title XVI disability criteria.  Potential rollback State payment before 7/73 No disability payment prior to 7/73 (State DDS determination needed) Meets Title XVI criteria Not disabled (Title XVI criteria), reviewed and denied by State DDS Final disability allowance determination not input Final disability denial determination not input Blank Not applicable
1	Blank	AN	1024	Not used.
22	Welfare ID Number	AN	1025-1046	This is the State Welfare ID number.
2	State Code and Conversion	N	1047-1048	State from which the individual was converted to the Federal program.
1	Special Needs Code	A	1049	Indicates whether the State grant amount includes an allowance for special needs (This information is for other than Essential Person).  Y Special needs included in the State benefit amount N Special needs not included in the State benefit amount
8	Appeals Decision Date	N	1050-1057	Date Appeals decision was rendered.  Format: MMDDCCYY
5	Blank		1058-1062	Not used.
1	Direct Deposit Indicator	A	1063	Indicates direct deposit data.  C Checking E Electronic Benefits Transfer S Savings Blank None
1	Blank	AN	1064	Not used.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
1	Payee Name and Address Number of Lines	N	1065	Reflects the total number of lines needed to show the full payee name and mailing address. Up to 6 lines maximum.
132	Payee Name and Mailing Address	AN	1066-1197	The mailing address which will appear on the SSI check and other systems-generated correspondence to the individual and his/her representative payee (Each line is 22 characters long).
5	Payee ZIP Code	N	1198-1202	This element is a 5 digit code for the payee's address, which is required for postal service handling.
4	Payee ZIP Code + 4	N	1203-1206	If present on the SSR master file, the ZIP Code plus 4 portion of the payee's address.
5	State & County Code of Jurisdiction	N	1207-1211	Indicates the State and county that are responsible for any mandatory or optional supplementation payment. Represents the State and County of residence for recipient unless another State and County have jurisdiction.
3	District Office (DO) Code	AN	1212-1214	The servicing SSA office code.
1	Blank	AN	1215	Not used.
1	Blank	AN	1216	Not used.
6	Earned Income - Wage Amount	N	1217-1222	Gross amount of wages for the month which the recipient expects to earn in the month reflected in the Earned Income Period field.  Format: \$\$\$\$cc
6	Earned Income - Net Self- Employment Estimate	N	1223-1228	Estimated net amount of self- employment income for the period shown in Earned Income Period field. Format \$\$\$\$cc
6	Blind Work Expense (BWE) Exclusion	N	1229-1234	Amount of work expenses of a blind recipient for the month in the Earned Income Period field which may be excluded from earned income.  Format: \$\$\$cc

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
6	Earned Income Exclusion (Plan for Self-support)	N	1235-1240	Monthly amount of income for blind or disabled recipients which may be excluded under an approved plan of self-support.
				Som Supports
				Format: \$\$\$\$cc
1	Blank	AN	1241	Not used.
1	Unearned Income - Number of Occurrences	N	1242	This data element reflects the number of entries for the seven unearned income data elements. Up to 9 occurrences maximum.
1***	Unearned Income Type Code	A	1243-1539 (Field 1)	Indicates the particular kind of unearned income the recipient is, or was, receiving.  A Social Security - Title II B Black Lung C VA compensation (not based on need) D RRB E VA pension (based on need) F Assistance based on need and not excluded from unearned income G Retroactive Title II benefits posted as if paid when due, used in Title XVI offset computation H In-kind support and maintenance I Ineligible child allocation (not income) J Value of one-third (1/3) reduction for Living Arrangement code B K Blind countable income (conversion cases) L Military retired pay M Federal Civil Service pension
				N Support payments received from absent parent O Income based on need from private sources P Employment-related pension (State or local government retirement, private pension)
				Q Worker's Compensation R Rents, interest, dividends,

LENGTH	DATA ELERACNIT	TVDE	DOCUTION	DEFINITION
LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	royalties  S Other  T Alaska Longevity bonus  U Concurrent and Title II only attorney's fees allocated over months where Type A, G or W unearned income is present  V Manually computed deemed income  W Retroactive Title II benefits posted as if paid when due, used in the Title II offset computation  X Minimum income level amount (not income)  Y Special need reduction (applies to a Federal countable minimum income level) (not income)  Z State countable income  Blank Initialized value
1***	Unearned Income Verification Code	N	1243-1539 (Field 2)	Indicates whether or not the unearned income allegations of the recipient have been verified.  O Number and income have not been verified  Number has been verified, amount has not been verified  Number and income amount have been verified  VA, OPM, RRB overlaid amount was the same as the amount shown for the prior month  Same as "3" above, except the overlaid amount was not the same as the amount shown for the prior month  For type A, same as "3" above except verification  code was  "2" before the MBR interface. If type X, Federal countable MIL transmitted by FO in conjunction with T30/T50 procedures.  For type A, one-time payment from the MBR in

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
			rosmon	which there was no pre- existing entry on the SSR before the interface. If type X, special Federal countable MIL systems generated. Special MIL established by the system which does not consider N frequency code for Title II payments received in the first quarter of 1974. When this code is present, the 01/74 MIL is frozen and the system will not recalculate for 01/74. Federal countable MIL— systems generated. This is the standard type X income. State countable MIL or income transmitted by FO (applicable to Vermont only) State countable MIL or income (code 8) adjusted by the system (applicable to Vermont only) Blank Data is not present or cannot be disclosed
6***	Unearned Income Start Date	N	1243-1539 (Field 3)	Indicates the date when the unearned income started if the payment is monthly, or when received if a one-time payment.  Format: MMCCYY
6***	Unearned Income Stop Date	N	1243-1539 (Field 4)	Reflects the effective date of termination of unearned income. In a situation where the unearned income amount changes, this will be the last date the previous rate, or one-time payment, was received.  Format: MMCCYY
6***	Unearned Income Amount	N	1243-1539 (Field 5)	For unearned income other than Social Security benefits (type A), the money will always be greater than zero (0). For A, the money amount will be zero when the claim/identification number has a "T" or "M" suffix (uninsured beneficiary with health benefits).

LENGTH	DATA FLENGENT	TVDF	DOCITION	DEFINITION
LENGTH	DATA ELEMENT	TYPE	POSITION	For suffixes other than "T" or "M", the money amount may be zero (0) if the unearned income frequency code is "C", "N", or "T". This generally occurs because the recipient is dually entitled but receives only one (1) Title II check. Both claim/identification numbers appear in the record, but with a positive money amount for the primary claim number and a zero (0) money amount for the second claim number.  This field contains money amounts that do not represent income to the recipient (i.e., MIL amounts, deeming allocations, and blind countable income for conversion cases).
1***	Unearned Income Frequency	A	1243-1539 (Field 6)	Indicates whether or not unearned income is being received, or was received.  C Continuous monthly payment or uninsured (Title II claim number suffix "T" and "M"), or Title II benefits in non-pay status  N One-time payment  R Used in conjunction with type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit  T Termination of continuous monthly payment  U Used only in conjunction with a type "D" entry to indicate RRB has jurisdiction of the Title II (type A) payment and that recipient's entitlement to a RRB annuity has not been determined  Blank Initialized value
12***		AN	1243-1539	

LENGTH	Claim or Identification Number For Unearned Income	TYPE	POSITION (Field 7)	Claim or identification number under which each type of unearned income is being received. For Social Security (Type A), the format is a nine-digit SSN of the insured individual, a two-position left-justified Beneficiary Identification Code (BIC), and a space in position 12 of the field.  For VA Compensation and Pension not based on need (Type C), the format is a nine-digit VA number, two alpha characters and a space in position 12 of the field.  For Railroad Retirement (Type D), the format is a nine-digit Railroad Retirement Board (RRB) number, two alpha characters (the RRB beneficiary identification) and a space in position 12 of the field.  For Military Retired Pay (Type L), the format is a nine-digit military ID number, a one-digit character, either alpha or numeric and a space in position 12 of the field.  For Federal Civil Service Pension (Type M), the format is nine-digit civil service number, a one-position alpha character, a one-digit character, or a space in the eleventh position and a space in position 12 of the field.  For income-in-kind (Type H), the claim/Identification Number field may contain an identifying legend entered by the DO (e.g., RENT-FREE, FREE-RENT).
1	Blank		1540	Not used.
1	Representative (Rep) Payee Indicator	А	1541	Y There is a representative payee N There is not a representative payee
8	Rep Payee Selection Date	N	1542-1549	Date the current payee was selected for the individual and/or spouse.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LENGIH	DATA ELEMENT	ITPE	POSITION	Format: MMDDCCYY
				Tormat. Wilvibbeeri
3	Custody Code	A	1550-1552	Indicates who has physical custody of the recipient.
				AGY Social Agency CHD Natural, adoptive or stepchild (as payee for parent) ESP Essential person is payee FDM Federal mental institution
				FDM Federal mental institution  FDO Federal non-mental  institution
				FIN Financial Organization
				FTH Natural or adoptive father
				GPR Grandparent
				INP Legally incompetent, but no representative payee
				MTH Natural or adoptive mother
				NPM Nonprofit mental institution
				NPO Nonprofit non-mental
				institution OFF Public Official
				OTH Other
				PRM Proprietary mental institution
				PRO Proprietary non-mental institution
				PYE Payee has custody
				REL Other relative (includes in- laws)
				RPD The representative payee is being developed
				SEL Living by self
				SFT Stepfather
				SLM State/local mental institution SLO State/local non-mental
				institution
				SMT Stepmother SPO Spouse
1	Competency Code	А	1553	Identifies the representative payee's status as to legal guardianship and/or the competency of the recipient.
				A Recipient is competent and the payee is the legal
				guardian
				B Recipient is competent and there is no legal guardian C Recipient is competent and
				the legal guardian is someone

15116=::	DATA 5150450:=	<b>T</b> V5 =	DOCUTION:	DEFINITION
LENGTH	DATA ELEMENT	TYPE	POSITION	other than the payee
				D Recipient is incompetent and the payee is the legal guardian  E Recipient is incompetent and there is no legal guardian  F Recipient is incompetent and the legal guardian is someone other than the payee  L Payee is a financial institution with whom the beneficiary has entered into a living trust agreement  N There is no legal guardian  O Someone other than the payee is the legal guardian  Y Payee is the legal guardian
3	Type of Payee Code	А	1554-1556	This code indicates the individual who receives the check.
				AGY Social agency CHD Natural, adoptive or stepchild   (as payee for parent) ESP Essential person is payee FDM Federal mental institution FDO Federal non-mental   institution FIN Financial organization FTH Natural or adoptive father GPR Grandparent INP Legally incompetent, but no   representative payee has   been selected MTH Natural or adoptive mother NPM Nonprofit mental institution NPO Nonprofit non-mental   institution OFF Public official OTH Other PRM Proprietary mental institution PRO Proprietary non-mental   institution PYE Recipient previously had   payee, but is now receiving   direct payments REL Other relative (includes in-   laws) RPD The representative payee is   being developed SEL Beneficiary is own payee

LENGTH	DATA ELEMENT	TYPE	POSITION	SFT Stepfather SLM State/local mental institution SLO State/local non-mental institution SMT Stepmother SPO Spouse Blank Beneficiary is own payee
1	Blank		1557	Not used.
1	SSN-Multiple SSN Indicator	N	1558	Indicates the number of additional SSNs used by the individual (in the following SSN-List of Multiple SSNs field). Up to 5 SSN occurrences maximum.
9*	SSN-List of Multiple SSNs	N	1559-1603	Identifies additional social security numbers used by the individual.  Space is available to record up to five multiple SSNs for an individual.
1	Blank		1604	Indicates the number of lines used for the address at which the applicant lives. Up to 5 lines maximum.
1	Residence Address- Number of Lines	N	1605	Indicates the number of lines used for the address at which the applicant lives. This number of lines cannot exceed five (maximum). (Each line is 22 characters long)
110	Residence Address	AN	1606-1715	Address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, the field will be blank.
5	Residence ZIP Code	N	1716-1720	ZIP Code of the recipient's address if the residence address is different from the mailing address. Otherwise, the field is blank.
4	Residence ZIP Code + 4	N	1721-1724	This data element reflects the ZIP Code plus 4, if present on the SSI master file, for the residence address of the individual.
1	Blank		1725	Not used.
2	Last Transaction Type	А	1726-1727	This field reflects only one reported event, although more than one reportable event may have occurred simultaneously. The Last Transaction Type and the Last Transaction Date

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				are not always updated on spouse records and on actions occurring
				during various types of cleanup runs.
				The complete list of Tuesday ties Tuesday
				The complete list of Transaction Type code values are listed in
				APPENDIX H - TRANSACTION TYPE
				CODE VALUES
8	Last Transaction Date	N	1728-1735	Date the transaction identified as Last
				Transaction Type field was applied to the SSR.
				the 33tt.
				Format: MMDDCCYY
1	Blank		1736	Not used.
1	Blank		1737	Not used.
1	Advance Payment Indicator	Α	1738	Indicates whether or not advance
				payment data is present.
				Y Yes
				N No
8	Advance Payment Date	N	1739-1746	The date the emergency payment was
				made to the recipient.
				Format: MMDDCCYY
5	Advance Payment Amount	N,	1747-1751	Amount of the emergency payment
	Advance rayment Amount	``	1747 1731	made to the recipient. It is subtracted
				from the next scheduled payment. These data are not removed from the
				record.
				5
				Format: \$\$\$cc
1	Blank		1752	Not used.
1	Interim Assistance	А	1753	Indicates the timing of SSA
	Reimbursement Status Code			reimbursement of State interim assistance payment(s) or the reason
				for not effecting reimbursement. The
				assistance reimbursement status code
				may change (e.g., where reimbursement has been effected or
				attempted).
				0 Essential person record,
				applicant did not authorize
				reimbursement, there is no
				Federal/State agreement for

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
5	State and County Code of Reimbursement	AN	1754-1758	reimbursement  1 Total amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields is being or was sent to State/county  2 Part of the amount shown in the SSI Monthly Assistance Amount and the State Supplement Amount fields in current record is being or was sent to the State/county  3 Reimbursement not being effected; applicant ineligible or retroactive payment not due (denial)  4 Reimbursement assistance case pending  5 Reimbursement check returned  E State failed to report IA payments timely  Z State reported IA payments timely, eIAR computed \$0 IAR  Reflects the State/county code corresponding to the agency with which the SSI/SSP applicant signed an agreement for reimbursement of interim assistance payments. This field will be zero-filled in the following situations:  • record is for an essential person  • an applicant who may not have authorized (or timely authorized) reimbursement to the State  • or where there is no Federal/State agreement for reimbursement
1	Blank		1759	Not used.
8	Payment Date	N	1760-1767	Reflects the date of payment of the SSI Gross Payable Amount (Current) and the State Supplement Gross Payable Amount (Current) data elements. The two payable amounts are subject to change until the

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.  Format: MMDDCCYY
7	SSI Gross Payable Amount (Current)	N	1768-1774	The Federal amount the recipient is entitled to receive (before adjustments for overpayments) on the Payment Date shown in positions 1121-1128. This payable amount is subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.
				Format: \$\$\$\$\$cc
7	State Gross Payable Amount (Current)	N	1775-1781	The amount of Federally-administered supplementation the recipient is entitled to receive (before adjustments for overpayments) on Payment Date shown in position 1121-1128. This payable amount is subject to change until the Treasury File is created. After the Treasury File is created, the payment date and current payable amount figures will be updated for the current computation month.  Format: \$\$\$\$cc
2	Payment History PHIST Number of Occurrences	N	1782-1783	The number of historical payment entries (represented as five fields per entry) present on the response. Up to 8 occurrences maximum.
8***	PHIST Payment Date	N	1784-1975 (Field 1)	Date on which payment or recovery was made.  Format: MMDDCCYY
7****	SSI Monthly Assistance Amount	N	1784-1975 (Field 2)	Self-explanatory. Format: \$\$\$\$cc
7****		N	1784-1975	Self-explanatory.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
	State Supplement Amount		(Field 3)	Format: \$\$\$\$\$cc
1****	PHIST Payment Payflag 1	AN	1784-1975 (Field 4)	Indicates type of payment and whether it was returned.
				0 No payment made 1 Recurring payment dated the first of the month 2 Regular daily payment (underpayment) 3 Supplemental payment dated the first of the month 4 One time payment 5 Advance payment or overpayment recovered (amount recovered shown in check amount column) 6 Nonreceipt indicator for recurring payment (overlays code 1) 7 Nonreceipt indicator for regular daily payment (underpayment)(overlays code 2) 8 Nonreceipt indicator for special supplemental payment (overlays code 3) 9 Replacement check issued as result of nonreceipt claim for original check with the same date, and code 6 or 8. For checks issued prior to 11-01-86, both the original check and substitute have been cashed. For checks issued after 11-01-86, both the original and substitute checks have been cashed if Pay Flag 3 = blank or U. A Recurring payment returned by FO and Treasury B Regular daily payment (underpayment) returned by FO and Treasury C Special supplemental payment returned by FO and Treasury D OTP returned by FO and Treasury D OTP returned by FO and Treasury Recurring payment returned

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				by FO only  K Regular daily payment (underpayment) returned by FO only  L Special supplemental payment returned by FO only  M OTP returned by FO only  S Regular daily payment (underpayment) returned by Treasury only  T Special supplemental payment returned by Treasury only  U OTP returned by Treasury only  V Recovery action voided  / Recurring payment returned by Treasury only
1****	PHIST Payment Payflag 2	AN	1784-1975 (Field 5)	This is the period for which an underpayment or OPT was made, or for which an underpayment was withheld to collect an overpayment or advance payment or special payment.  E Total of type 2 underpayment check F Force payment N Force payment not involved or total of type 4 OTP check S Stopped payment, force payment to zero T Record termination U Formerly used to designate an OTP quarterly query
1	Blank		1976	Not used.
1	Overpayment/ Underpayment Indicator	A	1977	SSI Monthly Assistance Amount reflects overpayment and/or underpayment.  O Overpayment U Underpayment B Both overpayment and underpayment exist
6	Month of Change	N	1978-1983	Represents the month in which one or more of the following items in the matrix changed: Medicaid Eligibility, Payment Status Code, Federal Living Arrangement Code, Living

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Arrangement Code-Optional Supplement, or State and County code of Jurisdiction.  Format: MMCCYY
1	Budget Month Flag	A	1984	Budget month used for payment computation.  O Payment based on factors in computation month  1 Payment based on factors 1 month before computation month  2 Payment based on factors 2 months before computation month
3	Payment Status Code (Current)	AN	1985-1987	This refers to the most current SSI payment status code.  The complete list of Payment Status code values are listed in APPENDIX F-PAYMENT STATUS CODE VALUES.
1	Federal Living Arrangement Code	A	1988	Indicates the type of Federal living arrangement (for the current month) of the recipient for Title XVI purposes.  A Own household B Another's household C Parent's household (child cases only) D Title XIX institution Blank Individual is in a non-Title XIX institution, living arrangement change in progress, or outside the U.S. X Initial claims surface edit
1	Living Arrangement Code - Optional State Supplement	A	1989	Indicates the type of current living arrangement for the recipient in those States which have elected Federal administration of their optional State supplement.  Code Z will appear in this field where the recipient is not eligible for, or waives, optional supplementation.  (Other codes are possible. Refer to Regional Office definitions of State Supplement Codes.)

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
5	State and County Code of Jurisdiction (Current)	N	1990-1994	Indicates the State and county that are responsible for any mandatory or optional supplementation payment. Represents the State and County of residence for recipient unless another State and County have jurisdiction.
	Concurrent State Payment Code	AN	1995	Distinguishes the optional State supplementation concurrent payment categories from the Federal payment categories reflected in the Recipient Type Code. Although all States will receive one of the codes listed below, only the States of California, Hawaii, Iowa, Massachusetts, Nevada and Wisconsin currently provide different optional payment levels in different categories. Beginning 2/79, alphas will be used instead of numbers to identify California recipients who are receiving an additional \$10 State Supplementation payment in lieu of food stamps.  Blank No supplementation paid 0 No supplementation paid 1 Paid in aged category (opt. supp) 2 Paid in blind category (opt. supp) 4 Paid in disability category (opt. supp) 6 One member of couple is paid in blind category (opt. supp) 7 Mandatory supplementation paid 1 A California recipient is paid in aged category (opt. supp) and received an additional \$10 payment in lieu of food stamps 10 Payment in lieu of food stamps 10 California recipient is paid in blind category (opt. supp) and receives an additional \$10 payment in lieu of food stamps 10 California recipient is paid in disabled category (opt. supp) and receives an additional \$10 payment in lieu of food stamps 10 California recipient is paid in disabled category (opt. supp) and receives an additional \$10 payment in lieu of food stamps 10 California recipient is paid in disabled category (opt. supp) and receives an additional \$10 payment in lieu of food stamps 10 California recipient is paid in disabled category (opt. supp) and receives an additional \$10 payment in lieu of food stamps 10 California recipient is paid in disabled category (opt. supp) and receives an additional \$10 payment in lieu of food stamps 10

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LLITOTTI	DATA ELEMENT		7 03/110/1	\$10 payment in lieu of food stamps
1	Medicaid Eligibility Code	A	1996	Indicates the recipient's Medicaid eligibility status.
				A Refused third party liability assignment-referred to State, Federal determination not possible  B Deeming waived: child under a State home care plan  C Federally administered Medicaid coverage should be continued regardless of payment status code (1619b)  D Disabled adult child  E Eligible per state determination (obsolete)  F Title VIII Recipient  G Goldberg-Kelly payment continuation  I Ineligible per state determination (obsolete)  Q Medicaid Qualifying Trusts may exist  R Referred to State for determination (1634 States), Federal determination not possible  S State determination - not SSA responsibility  W Widow(er)  Y Eligible for Medicaid (1634 States)  Blank Not applicable
1	Head of Household Indicator	AN	1997	A field indicating whether or not the recipient is the head of the household for title XVI purposes at the time the SSR is established. In addition, it is also used to indicate that one member of a couple was determined eligible
				for SSI/SSP while a disability determination was pending for the other member.
				Y Head of household N Not head of household R Member of couple for which the disability determination is

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				or was pending (obsolete)  S Member of couple that is (or was) paid as an individual while disability was being determined for other member of the couple (obsolete)  U Identifies month included in computation of (and offset of) underpayment to one member of eligible couple against overpayment to the other
1	Filler		1998	
1	Student Indicator	А	1999	Indicates whether a recipient under age 22 is a student.  Y Student N Not a student
6	Earned Income - Net Countable Amount	N	2000-2005	Current month's amount of earned income after all exclusions are applied, used in determining eligibility and, if the Budget Month Flag is zero, computing the payment.  Format: \$\$\$\$cc
6	Unearned Income - Net Countable Amount	N	2006-2011	Reflects the current month's amount of unearned income after all exclusions are applied. Used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; includes income deemed to the eligible individual.  Format: \$\$\$cc
5	SSI Gross Payable Amount	N	2012-2016	The Federal amount the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see the payment history matrix (positions 1101-1292) as explained in APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE.  Format: \$\$\$cc

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
5	State Gross Payable Amount (Current)	N	2017-2021	The amount of Federally-administered supplementation the recipient was entitled to receive (before adjustments for overpayments) in the previous Treasury File. For information on actual payments, see the payment history matrix (positions 1101-1292) as explained in APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE.  Format: \$\$\$cc
1	Conditional Payment	A	2022	A code indicating whether or not a payment is or was subject to disposition of excess resources. When a payment is no longer conditional, the code "C" remains.  C Conditional N Not Conditional Blank Not Applicable
1	Medicaid Test Indicator	A	2023	Indicates whether State should consider an individual in payment status NO1 or EO1 to be an SSI recipient for the purpose of determining Medicaid eligibility. Codes A, B and F generate Medicaid Eligibility Code C. Codes C, D, E, G, H, J, K, L and M generate Medicaid Eligibility Code R.  A Meets countable income test; no data entered for use and insufficiency of earnings test B Meets countable income test; also meets use and insufficiency of earnings tests C Meets countable income test; does not meet use test D Meets countable income test; does not meet insufficiency of earnings test E Meets countable income test; does not meet insufficiency of earnings test F Meets countable income test; use and insufficiency of earnings tests F Meets countable income test; use and insufficiency of earnings test decision

IENGTH	DATA FLEMENT	TVDE	POSITION	DEFINITION
LENGTH	DATA ELEMENT	TYPE	POSITION	pending G Does not meet countable income test; no data entered for use and insufficiency of earnings tests H Does not meet countable income test; meets use and insufficiency of earnings tests J Does not meet countable income test; does not meet use test K Does not meet countable income test; does not meet insufficiency of earnings tests L Does not meet countable income test; does not meet use or insufficiency of earnings tests M Does not meet countable income test; use and insufficiency of earnings test decisions pending N No prerequisite 1611 month available for 1619(b) eligibility (set by the system) P No prerequisite 1611 month available for 1619(b) eligibility (Set by field office input) Blank Tests for status for title XIX
1	Federal Eligibility Code	А	2024	not applicable  Identifies eligibility for Federal SSI payment in the current month.  E Eligible N Not eligible Blank Not applicable
1	Optional State Eligibility Code	A	2025	Identifies eligibility for State optional supplement payment in current month.  E Eligible N Not eligible Blank Not applicable
1	Mandatory Eligibility Code	А	2026	Identifies eligibility for mandatory State Supplementation payment in current month.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				E Eligible N Not eligible
				Blank Not applicable
6	Deemed Income Amount	N	2027-2032	Current month's amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag is zero or blank.  Format: \$\$\$\$cc
	- 1 1111		2022	
1	Federal Living Arrangement Code - Budget Month	A	2033	Indicates Federal living arrangement in the budget month.
				A Own household B Another's household
				C Parent's household (child
				cases only) D Title XIX institution
				Blank Individual is in a non-Title XIX institution or outside the U.S.
				X Initial claims surface edit
6	Earned Income - Retrospective Net Countable Amount	N	2034-2039	Money amount of earned income amount used in computing the payment if the Budget Month Flag is other than zero or blank. Will always show zeros if the Budget Month Flag is zero or blank.
				Format: \$\$\$\$cc
6	Unearned Income Retrospective Net Countable Amount	N	2040-2045	Reflects the money amount of unearned income used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This data element will always equal zeros if the Budget Month Flag data element is equal to zero or blank.  Format: \$\$\$cc
6	Deemed Income Amount Retrospective	N	2046-2051	This is the monthly amount of income deemed to the eligible individual used in computing the payment if the Budget Month Flag data element is equal to other than zero or blank. This will always equal zero if the Budget Month Flag data element is equal to zero or blank.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				Format: \$\$\$\$cc
100	40 QQ History	A	2052-2151	This field contains 100 indicators; each indicator contains either a Y(es) or N(o). Each indicator represents one Qualifying Quarter. These indicators represent the Qualifying Quarters starting from January 1997 and ending December 2021; 25 years worth of data.

<sup>\*</sup> There could be 5 occurrences of this information.

#### 8E.1 40 QUALIFYING QUARTERS RESPONSE (40 QQ RESPONSE) RECORD LAYOUT - ABRIDGED

DATA ELEMENT	POSITION
Verified SSN	1-9
Input SSN	10-18
Last Name	19-31
First Name	32-41
Middle Initial	42
Date of Birth	43-50
State Code	51-53
State Data	54-75
Minimum Number QQs (1937-1950)	76-77
Maximum Number QQs (1937-1950)	78-79
Railroad Service Months (1937-1946)	80-82
Condition Code	83-84
Qualifying Quarters Pattern (Occurs 89 Times)	85-440

<sup>\*\*</sup> There could be 8 occurrences of this information. (See "Error! Reference source not found." for an explanation of how to use this information.)

<sup>\*\*\*</sup> There could be 9 occurrences of this information.

<sup>\*\*\*\*</sup> There could be 8 occurrences of this information. (See "APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE" for an explanation of how to use this information.)

# 8E.2 40 QUALIFYING QUARTERS RESPONSE (40 QQ RESPONSE) RECORD LAYOUT - UNABRIDGED

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	Verified SSN	N	1-9	This is the SSN that has been verified by SVES.
9	Input SSN	N	10-18	The input SSN.
13	Last Name	AN	19-31	The input last name.
10	First Name	AN	32-41	The input given name.
1	Middle Initial	А	42	The input middle initial.
8	Date of Birth	N	43-50	The input date of birth.
				Format: MMDDCCYY
3	State Code	AN	51-53	Self explanatory.
22	State Data	AN	54-75	This data is passed along from the query request input. This field can be used by a State to aid them in identifying and routing the query reply. States determine the information in this data field.
2	Minimum Number QQs (1937-1950)	N	76-77	This field represents the minimum number of qualifying quarters earned under the verified SSN during the period of 1937-1950. SSA determines this number by taking the total covered earnings during this period, and dividing it by 400. The claimant earned "at least" this many QQs before 1951.If SSA is able to provide QQ information for 1937 through 1950 in positions 85-440 (Qualifying Quarters Pattern); then there will be no information shown in positions 76-77 (Minimum Number QQs) or 78-79 (Maximum Number).
2	Maximum Number QQs (1937-1950)	N	78-79	This field represents the maximum "possible" number of qualifying quarters earned under the verified SSN during the period of 1937-1950. SSA determines this number by taking the total covered earnings during this period and dividing by 50. Generally, the actual QQs earned during this

## SVES/SOLQ Manual – Section - 8E.240 QUALIFYING QUARTERS RESPONSE (40 QQ RESPONSE) RECORD LAYOUT - UNABRIDGED

LENGTH	DATA FLENGENT	TVDF	DOCITION	DEFINITION
LENGTH	DATA ELEMENT	TYPE	POSITION	period will be less than the "maximum possible". If SSA is able to provide QQ information for 1937 through 1950 in positions 85-440 (Qualifying Quarters Pattern); then there will be no information shown in positions 76-77 (Minimum Number QQs) or 78-79 (Maximum Number).
3	Railroad Service Months (1937-1946)	N	80-82	This field lists the number of "months" of Railroad work during the period 1937 through 1946. This is not a count of qualifying quarters. This information can be used as an indicator of the existence of additional qualifying quarters not shown in position 85-440 (Qualifying Quarters Pattern). If SSA is able to show Railroad QQs in positions 85-440 (Qualifying Quarters Pattern) for 1937-1946; then there will be no information shown in this field.
2	Condition Code	N	83-84	This field will show a code is SSA is unable to show a QQ pattern (see Qualifying Quarters Pattern field immediately below).  Blank QQ data follows 01 Earnings record not found 02 SSA system error-please resubmit request 99 Record cannot be processed-contact the SSA Regional Office
356	Qualifying Quarters Pattern (Occurs 89 Times)	AN	85-440	This field will display a quarter of coverage pattern for the period from 1937-2025. Each year is represented by four quarters. Each quarter is represented by a code. For the years 1937-1950, SSA's Master Earnings File (MEF) frequently contains only the total earnings and not a yearly breakdown of QQ information. If the MEF does not contain the yearly breakdown of QQ information for years prior to 1951, then the information will be shown in positions 76-77 (Minimum Number QQs) and 78-79 (Maximum Number) if it exists.

## SVES/SOLQ Manual – Section - 8E.240 QUALIFYING QUARTERS RESPONSE (40 QQ RESPONSE) RECORD LAYOUT - UNABRIDGED

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
LLINGIII	DATA LELIVILIAT	1112	1 33111014	DEI IIII IIII
				Covered Qualifying Quarters Values:  A Agricultural QQ  C Wage QQ  D Military QQ
				G Gift QQ
				J Japanese Internment QQ M Military QQ
				R Railroad QQ
				S Self Employment QQ
				X Wage QQ which can occur for 1951 or 1952
				Non-covered Qualifying Quarters Values:
				F Federal, State or local
				government wage QQ
				(Federal employees may
				receive credits starting in
				1983 and State/local employees may receive
				credits starting in 1986.)
				U Non-covered Wages
				W QQ based on sum of excess
				FICA earnings and excess
				non-covered earnings (one or more "hybrid" QQs may be
				credited yearly)
				N Quarter with no earnings, a non-QQ
				Questionable Qualifying Quarters Values:
				# Questionable QQ that can
				occur 1952 through 1977
				* Overlays the # sign to
				indicate questionable QQs
				which have been found to be
				valid. (QQs earned due to S,
				M, A or G earnings.)
				Z Questionable QQ that can
				occur 1952 through present

#### **40 QUARTERS YEARS BY FIELD POSITION**

Positions: = Ye	<u>ar</u>	Positions: = Y	<u>ear</u>	Positions: = Ye	<u>ar</u>
085 - 088	1937	089 - 092	1938	093 - 096	1939
097 - 100	1940	101 - 104	1941	105 - 108	1942
109 - 112	1943	113 - 116	1944	117 - 120	1945
121 - 124	1946	125 - 128	1947	129 - 132	1948
133 - 136	1949	137 - 140	1950	141 - 144	1951
145 - 148	1952	149 - 152	1953	153 - 156	1954
157 - 160	1955	161 - 164	1956	165 - 168	1957
169 - 172	1958	173 - 176	1959	177 - 180	1960
181 - 184	1961	185 - 188	1962	189 - 192	1963
193 - 196	1964	197 - 200	1965	201 - 204	1966
205 - 208	1967	209 - 212	1968	213 - 216	1969
217 - 220	1970	221 - 224	1971	225 - 228	1972
229 - 232	1973	233 - 236	1974	237 - 240	1975
241 - 244	1976	245 - 248	1977	249 - 252	1978
253 - 256	1979	257 - 260	1980	261 - 264	1981
265 - 268	1982	269 - 272	1983	273 - 276	1984
277 - 280	1985	281 - 284	1986	285 - 288	1987
289 - 292	1988	293 - 296	1989	297 - 300	1990
301 - 304	1991	305 - 308	1992	309 - 312	1993
313 - 316	1994	317 - 320	1995	321 - 324	1996
325 - 328	1997	329 - 332	1998	333 - 336	1999
337 - 340	2000	341 - 344	2001	345 - 348	2002
349 - 352	2003	353 - 356	2004	357 - 360	2005
361 - 364	2006	365 - 368	2007	369 - 372	2008
373 -376	2009	377 - 380	2010	381 - 384	2011
385 - 388	2012	389 - 392	2013	393 - 396	2014
397 - 400	2015	401 - 404	2016	405 - 408	2017
409 - 412	2018	413 - 416	2019	417 - 420	2020
421 - 424	2021	425 - 428	2022	429 - 432	2023
433 - 436	2024	437 - 440	2025		

Each position represents one quarter, and they are shown consecutively. For example, position 331 is the third quarter of the year 1998, while 333 is the first quarter of 1999.

#### 8F.1 PRISONER RESPONSE RECORD LAYOUT - ABRIDGED

DATA ELEMENT	POSITION
SVES Prisoner SSN	1-9
SVES Prisoner Name	10-39
SVES State Code	40-42
SVES Welfare ID#	43-64
Status Code	65-66

DATA ELEMENT	POSITION
PUPS SSN	67-75
Last Name	76-95
First Name	96-110
Middle Name	111-125
Suffix	126-129
Prisoner ID Number	130-139
Prisoner Date of Birth	140-14 <b>7</b>
Sex	148
Date of Confinement	149-156
Release Date	157-164
Report Date	165-172
Prisoner Reporter Name	173-232
Prison/Facility Name	233-292
Prison/Facility Address	293-380
Facility City	381-399
Facility State	400-401
Facility ZIP Code	402-410
Facility Contact Name	411-445
Facility Phone	446-455
Facility FAX #	456-465
Facility Type	466-467
Reserved for Future Use	468-494

#### 8F.2 PRISONER RESPONSE RECORD LAYOUT - UNABRIDGED

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	SVES Prisoner SSN	N	1-9	This is the information provided on the SVES query by the State.
30	SVES Prisoner Name	AN	10-39	This is the information provided on the SVES query by the State.
3	SVES State Code	AN	40-42	This is the information provided on the SVES query by the State.
22	SVES Welfare ID#	AN	43-64	This is the information provided on the SVES query by the State.
2	Status Code	AN	65-66	1 Records where there is prisoner data present and SSA cannot disclose the data 2 Records where data is present and SSA is disclosing the data 3 Records where there is no prisoner data reported to SSA 4 Records where there is prisoner data, but we cannot determine whether disclosure is permitted. There is some question about the source of the data; so SSA cannot determine if we have authority to disclose.
9	PUPS SSN	N	67-75	The prisoner's SSN as reported to SSA.
20	Last Name	AN	76-95	This the 20-position field for the last name of the prisoner.
15	First Name	AN	96-110	This is the 15-position field for the first name of the prisoner.
15	Middle Name	AN	111-125	This is the 15-position field for the middle name of the prisoner.
4	Suffix	AN	126-129	Self-explanatory.
10	Prisoner ID Number	N	130-139	This the 10-position field for the prisoner's identification number.
8	Prisoner Date of Birth	N	140-14 <b>7</b>	Self-explanatory.
1	Sex	A	148	M Male F Female
8	Date of Confinement	N	149-156	The date the prisoner was confined.
				Format: CCYYMMDD

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
8	Release Date	N	157-164	The date the prisoner was released.  Format: CCYYMMDD	
8	Report Date	N	165-172	The date SSA received the prisoner information.  Format: CCYYMMDD	
60	Prisoner Reporter Name	AN	173-232	The source of the information provided to SSA.	
60	Prison/Facility Name	AN	233-292	Self-explanatory.	
88	Prison/Facility Address	AN	293-380	Self-explanatory.	
19	Facility City	AN	381-399	Self-explanatory.	
2	Facility State	Α	400-401	Self-explanatory.	
9	Facility ZIP Code	N	402-410	Self-explanatory.	
35	Facility Contact Name	AN	411-445	The 35-position field for the contact person's name.	
10	Facility Phone	N	446-455	Self-explanatory.	
10	Facility FAX #	N	456-465	Self-explanatory.	
2	Facility Type	N	466-467	01 State Prison 02 County Prison 03 Federal Correctional Institute 04 Mental Correctional Institute 05 Boot Camp 06 Medical Correctional Institute 07 Work Camp 08 Detention Center 09 Juvenile Detention Center 10 Half-way House 11 City Prison	
27	Reserved for Future Use	AN	468-494	Not used.	

## 8G.1 VA EARN – VETERANS ADMINISTRATION EARNINGS VALIDATION RESPONSE RECORD LAYOUT – ABRIDGED

<u>NOTE</u>: The VA EARN query/response is <u>restricted and is not available</u> to States. It is only available for use by VA, OPM, RRB, and HUD.

DATA ELEMENT	POSITION
Input SSN	1-9
Input Surname	10-22
Input First Name	23-32
Input Middle Name or Initial	33-39
Input Date of Birth	40-47
Input Sex Code	48
Input Report Year	49-52
Input User Control Data	53-97
Verification Code	98
Input Processing Code	99-101
Input Requestor ID Code	102-105
Input Multiple Request ID	106-108
Verified SSN	109-117
Not currently used	118-130
Annual Total	131-137
Number of Employer Segments	138-140
Earnings Report Type	141
Earnings Amount	142-147
Earnings Amount Sign/Indicator	148
Employer Identification Number	149-157
Line 1 – Employer Name & Address	158-197

DATA ELEMENT	DOCITION
DATA ELEMENT	POSITION
Line 2 – Employer Name & Address	198-237
Line 3 – Employer Name & Address	238-277
Line 4 – Employer Name & Address	278-317
Line 5 – Employer Name & Address	318-357
Employer City	358-377
Employer State Code	378-379
Employer ZIP Code	380-388

# 8G.2 <u>VA EARN – VETERANS ADMINISTRATION EARNINGS VALIDATION RESPONSE</u> <u>RECORD LAYOUT - UNABRIDGED</u>

**NOTE**: The VA EARN query/response is <u>restricted and is not available</u> to States. It is only available for use by VA, OPM, RRB, and HUD.

LENGTH	DATA ELEMENT	ТҮРЕ	POSITION	DEFINITION
9	Input SSN	N	1-9	This is the SSN information provided on the SVES query by requestor.
13	Input Surname	AN	10-22	This is the surname information provided on the SVES query by requestor.
10	Input First Name	AN	23-32	This is the first name information provided on the SVES query by requestor.
7	Input Middle Name or Initial	AN	33-39	This is the middle name/initial information provided on the SVES query by requestor.
8	Input Date of Birth	AN	40-47	The date of birth information provided on the SVES query by requestor. (Note: User may input spaces in this field if DOB is unknown)  Format: MMDDCCYY

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION	
1	Input Sex Code	AN	48	The sex code information provided on the SVES query by requestor.  M Male F Female	
4	Input Report Year	N	49-52	The report year information provided on the SVES query by requestor.  Format: CCYY	
45	Input User Control Data	AN	53-97	The control data information provided on the SVES query by requestor. (Note: This information is "free-form" and the user can place any identifying information in this field on the input request that they want returned for identification purposes.)	
1	Verification Code	AN	98	Indicates SSN verification or the reason for non-verification.  Blank Input SSN verified using the SSN, name, and DOB information provided.  SSN not on file  Name matches, sex code does not.  Name matches, sex code matches, but DOB does not match  Name matches, sex code and DOB do not match  Input SSN not verified. SSA located and verified on name, DOB, and sex code and verified a different SSN (see Verified SSN field below)	
3	Input Processing Code	AN	99-101	The processing code provided on the SVES query by requestor. Value is always '214'.	
4	Input Requestor ID Code	AN	102-105	This is the unique requestor code information provided on the SVES query by requestor. The code is supplied to requestor by SSA. (e.g., 1VAH)	
3	Input Multiple Request ID	AN	106-108	This is the multiple request id information provided on the SVES query by requestor.	

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
9	Verified SSN	N	109-117	This is the SSN returned by SSA. In case where the Input SSN is not verified, SSA located and verified on name, DOB, and sex code and verified a different SSN that is contained in this field.
7	Not currently used	AN	118-130	Blanks.
7	Annual Total	AN	131-137	This is the annual earnings for the verified SSN.
				Format: \$\$\$\$\$\$\$
3	Number of Employer Segments	N	138-140	Contains the number of Employer Segments returned following this field.
depending o	_	nents retu	rned. If more tl	f fields can occur up to 88 times han one is returned the remainder will urned.
1	Earnings Report Type	AN	141	Earning report type code.
				0 Regular Wages 2 Self-employment 4 Household 5 Tips 7 Agriculture
6	Earnings Amount	N	142-147	This is the amount the earned for this employer.  Format: \$\$\$\$\$\$
1	Earnings Amount Sign/Indicator	AN	148	Contains the sign (+/-) for the Earnings Amount.
9	Employer Identification Number	AN	149-157	This is the Employer Identification Number (EIN).
40	Line 1 – Employer Name & Address	AN	158-197	Self-explanatory.
40	Line 2 – Employer Name & Address	AN	198-237	Self-explanatory.
40	Line 3 – Employer Name & Address	AN	238-277	Self-explanatory.
40	Line 4 – Employer Name & Address	AN	278-317	Self-explanatory.

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
40	Line 5 – Employer Name & Address	AN	318-357	Self-explanatory.
20	Employer City	AN	358-377	Self-explanatory.
2	Employer State Code	AN	378-379	Self-explanatory.
9	Employer ZIP Code	AN	380-388	Self-explanatory.

#### 9. STATE ON-LINE QUERY (SOLQ)

#### 9A. <u>SOLQ - GENERAL</u>

State Online Query (SOLQ) is an online version of the SSN Verification, Title II, and Title XVI query portions of SVES (i.e., the "native" SVES). This system is functionally the same as the SVES system except for restriction to SSN Verification, Title II, and Title XVI queries only. SOLQ is an enhancement which provides States the capability to get data in real time, on the computer at a worker's desk, in a matter of seconds. Availability of the SOLQ is normally Monday through Friday, 6AM to midnight (Eastern Time) and 6AM to 6PM (Eastern Time) on Saturdays and Sundays.

Prior to embarking upon a SOLQ implementation project, the latest version of the *SOLQ Planning Guide* should be acquired from the SSA Regional Data Exchange Coordinator.

The system will provide SSN Verification/Standard Response, Title II and Title XVI benefit information to the States to determine clients' eligibility to certain State-administered programs. SOLQ *cannot* be used to receive the BENDEX/BEER, SDX, 40 Qualifying Quarter query, Prisoner query, or VA EARN responses.

Requests for data via SOLQ differ from SVES, in that, SVES provides the States the option to request 4 types of responses (1 - SSN Verification, 2 - SSN Verification & Title II, 3 - Verification and Title XVI, 4- Verification, Title II, & Title XVI) whereas SOLQ offers no such distinction. SOLQ requests will request *all* data (4- Verification, Title II, & Title XVI) from SSA and SOLQ returns the type of response *based upon the data that is available*. Therefore, an SOLQ request could result in any of the 4 SVES response types being returned (based upon the available data); the State must determine which type was returned and process it accordingly.

Generally, the responses received from an SOLQ query are identical to the responses received from an SVES query. The exception is in the Title XVI response: in SOLQ the Title XVI response does not provide any data in the 100-byte, 40 QQ History field residing at the end of the Title XVI response. Otherwise, the format and the data in SVES and SOLQ responses are identical except as noted in this manual (e.g., SOLQ does not provide a '&' Verification Code).

#### 9B. SOLQ INPUT/OUTPUT - GENERAL

SOLQ requests will be prepared by the State and will be transmitted electronically between a central State site and SSA's NCC. Various methods of collecting and transmitting the SOLQ requests will be used, such as:

- remote job entry terminals
- personal computers acting as remote job entry terminals, and

host computer-to-host computer.

All responses will be returned to the central State site. Output will be electronic transmissions to each central State site. The basic response will consist of a record containing:

- the requested data,
- error condition (if applicable),
- verification code,
- record type,
- Title II status,
- Title XVI status,
- Title II Data (if available), and
- Title XVI Data (if available)

Any method selected must be compatible with SSA's Data Communications Utility (DCU) Batch Data Transmission System.

Generally, SOLQ exchanges are done between the States and SSA in a mainframe, CICS-to-CICS environment. There are a few exceptions, but those exceptions still emulate the CICS environment. For the purposes of this manual, the CICS environment is assumed.

In CICS, when a State links to the SSA SOLQ program (QV00C00), a pre-defined data stream (called a Commarea; short for CICS Communications Area) is used to pass the request and response to-and-from the State and SSA. SOLQ uses a 2570-byte Commarea. The SOLQ Commarea consists of three (3) distinct sub-areas: 1) An Input/Request area, 2) the Output/Response area, and 3) a Free-form area. These three areas are defined as follows:

DATA ELEMENT	LENGTH	POSITION	DEFINITION
SOLQ Commarea Input/Request Area	70	1-75*	This area is populated by the State and contains the information to make a request. More information about the format of this area is provided below.
SOLQ Commarea Output/Response Area	2200	71-2270*	This area is populated by SSA and will contain either: a) an SVES-type of response or, b) an error code and an error message. Note that this area is much longer than any of the

DATA ELEMENT	LENGTH	POSITION	DEFINITION
			SVES responses; there is extra unused space included at the end for future expansions. More information about this area is provided below.
SOLQ Commarea State Free-form Area	300	2271-2570	This area is a free-form area provided for the States' use only. SSA does not use this area for any purpose. It is provided to the States only to record any information desired (e.g. auditing/tracking data) by the State. Any information passed in this area to SSA is returned, as-is, back to the States.

<sup>\*</sup> Positions 71-75, which contain values for the Agency Identifier field on the request, are overlaid in the response.

### 9C. SOLQ INPUT/REQUEST AREA in COMMAREA

The first 70 bytes of the SOLQ Commarea are populated by the State and is used to specify the information requested from SSA. Mandatory fields are identified with an asterisk. However, only one number, SSN or CAN may be provided (generally, SSN is preferable). If the CAN is input, the BIC is mandatory. The layout of that 70-byte area is as follows:

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
4	Transaction ID*	AN	1-4	'QV00'
1	Application Code*	AN	5	'A'
3	State Agency Code*	AN	6-8	Comprised of a two- digit numeric State Code (See <u>APPENDIX</u> <u>K – SVES/SOLQ</u> <u>STATE CODES</u> ) preceded by: 0 – SOLQ request

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				W - PCIP Request Z - SCHIP Request
20	Personal Identification Number (PIN)	AN	9-28	Can be any value that the State wants to provide to identify the requestor of the information. This is primarily used to facilitate SSA audits of States' SOLQ usage.
9	Input SSN*	N	29-37	The Social Security Number input by the State.
12	Input Claim Account Number (CAN) (38-46)/BIC (47-49) *	AN	38-49	The CAN/BIC (Claim Account Number & Beneficiary Identification Code) input by the State.
5	Input Given Name*	AN	50-54	The first name input by the State.
1	Input Middle Initial	AN	55	The middle initial input by the State.
7	Input Surname*	AN	56-62	The last name input by the State.
8	Input Date of Birth*	N	63-70	The date of birth input by the State.
5	Agency Identifier	AN	71-75	Format: MMDDCCYY Unique code assigned to

LENGTH	DATA ELEMENT	TYPE	POSITION	DEFINITION
				requesting Agency.

#### 9D. SOLQ OUTPUT/RESPONSE AREA in COMMAREA

The 2200 bytes of data in positions 71-2270 in the SOLQ Commarea are used by SSA to return the response to the State's request. This area will contain either a) a valid response to the request or, b) an error code and message.

If the Output/Response area contains a valid response, it will contain either a SVES Type 1, 2, 3, or 4 response. A valid response can be determined by numeric data being returned in the first byte of the response area (position 71) as valid responses contain an SSN in the first 9 bytes (71-79) of the response area. The format of these responses are *exactly* the same format as the SVES responses (refer to the **OUTPUT**: <u>RESPONSES</u> <u>TO THE STATES – RECORD LAYOUTS</u> section presented earlier in this manual) except for the following two exceptions:

- The field positions are offset by 70 bytes because of the Input/Request area that precedes the Output/Response area in the SOLQ Commarea.
- The Title XVI data provided in response Types 3 and 4 in SOLQ <u>does not</u> provide any data in the 100-byte, 40 QQ History field residing at the end of the Title XVI response.

The recipient of the data must determine which SVES Type (1, 2, 3, or 4) format was returned. This is determined by checking the Record Type field returned in the response area in position 224 of the Commarea (this is the Record Type field normally in position 154 of the SVES SSN Verification/Standard Response offset by the first 70 byte Input/Request area of the SOLQ Commarea).

If the Output/Response area does not contain a valid response, it will contain an error code and an error message. An error can be determined by non-numeric data being returned in the first byte of the response area (position 71). When an error response is returned, a 4-character Error Code will reside in positions 71-74 with an accompanying 80-character Error Message in positions 75-154. A list of SOLQ Error Codes is presented below.

#### 9E. SOLQ ERROR CODES & MESSAGES

The following table is a list of the error return codes that can be returned by SOLQ and the error message that is associated with the returned error code. Note that some of the messages are not really meaningful to States but, when encountered, are meaningful to SSA technical personnel for problem identification and resolution.

SOLQ ERROR CODE	MESSAGE
D463	SYSID INVALID
	SQL Code not found (+100)
D464	PKG TIMESTAMP
	SQL Code PKG-TIMESTAMP (-805)
D465	PLAN TIMESTAMP
	SQL Code BIND-TIMESTAMP (-818)
D469	VAN TABLE NOT AVAILABLE
	SQL Code Unavailable Resource (-904)
E101	SSN INVALID
	(input SSN is spaces)
E102	SSN INVALID
	(input SSN is not spaces)
E110	EVS FAIL
	(input SSN is spaces)
E120	EVS FAIL
	(input SSN is not spaces)
E400	INVALID COMMAREA LENGTH
E420	INVALID APPLID REQUEST
	(not equal 'A')
E440	NO VALID SSN OR CAN RECEIVED
	(spaces and/or non-numeric)
E460	ACCESS DENIED (UIQ only)
E461	ACCESS DENIED
E462	VAN NOT ACTIVE
E600	SSN NOT VERIFIED, OTHER REASON
E710	CRI FAIL
E888	INVALID DATE OF BIRTH (INCORRECTLY FORMATTED OR
	SPECIAL CHARACTERS SUCH AS FORWARD SLASH (/)
	INCLUDED)
S400	ERROR GETTING MEMORY
	(on GETMAIN)
S401	FAILED-TERMERR
	(Terminal Error)
S402	FAILED-LENGERR
	(Length Error – exceeds maximum)
S403	FAILED-NOTALLOC
	(Facility specified not owned by application)
S404	FAILED-NOALLOC
	(All other non-zero return codes)
S425	BAD LINK TO SOLQ APPL
	(Bad link to QV02C00)
S430	BAD LINK TO GU02

SOLQ ERROR CODE	MESSAGE
S435	BAD RETURN FROM GU02
S502	PROBLEM BRKDWN-SPREAD
S503	PROBLEM SSR-SPREAD
S505	Various CICS LINK, GETMAIN, and other processing errors will cause this generic error to be returned to the State.
	SSA technical personnel will determine the exact cause.
Blank	Input data is valid

#### 9F. SOLQ ARCHITECTURE AND CONNECTIVITY REQUIREMENTS

#### 9F.1 STATE ARCHITECTURE REQUIREMENTS

- LU6.2 compatible
- Audit Trail Capabilities in Design
- Secure Bind
- Systems generated requests
- Requests are Case Sensitive (UPPER CASE)
- C2 compliant External Security Manager(ESM)

#### 9F.2 SSA ARCHITECTURE REQUIREMENTS

- LU6.2 compatible
- Audit Trail Capabilities in Design
- Secure Bind with State
- SSA Mainframe database is case sensitive ( ALL CAPS)
- C2 compliant ESM Security
- COBOL Commarea (mainframe)
  - Provides access to Madam, (MBR, Numident, SSR data)
  - Control Audit and Testing Facility (CATF) provides Traffic File and Audit Traffic Report for certification visit.

#### 9F.3 KEYS TO SOLQ CONNECTIVITY

• In most states, this is a 56Kb link. If necessary to order a new link, installation occurs approximately 45 workdays after being ordered. This link requires an SNA generation to be performed on both the SSA and State sides. If used, a Front End Processor (FEP) must have a Line Interface Coupler 3 (LIC3) and the necessary scanner weight for the 56Kb link (or whatever speed is ordered). Though still used in a few cases, FEP technology and hardware is being phased out and replaced by an Enterprise Extender interface (router-based; provides a means for the efficient transport of SNA data across an IP network).

- The data passing to and from the state over the installed link must use the SNA LU 6.2 protocol to communicate with SSA's CICS application for SOLQ.
- The Data Communications Interface (e.g., CICS, IMS, IDMS, etc.) must be SNA LU 6.2-compliant. It must have a presentation layer (for the state "terminals"). This presentation layer interface must be developed by the State (SSA can provide "sample" CICS code). It must be capable of BIND-level security.
- If this interface is CICS, SSA can provide a communications module. This program only runs under CICS and uses standard Application Programming Interface (API) calls. The program communicates with the state terminals using the SNA LU 6.2 protocol.
- The security package must be C2-compliant and capable of BIND-level security.
- The data produced by the SSA-provided CICS communications module running at the state is unformatted EBCDIC; no binary or packed fields. Most of the data is unreadable without the record layout.
- The lines running between the application in the state and the ending "terminals" must be secured and encrypted lines that adhere to Federal Standards.
- The state will be responsible for the presentation-layer. SSA does not provide the state with any presentation service (i.e., screen formats). The state can opt to run an intermediate layer between the communications module and the end "terminals" which would convert the data to some other protocol.

#### 9G. SOLQ IMPLEMENTATION LIFECYCLE OVERVIEW

The following is an overview of the tasks and procedure that are performed to install SOLQ at a State. This overview will provide the State with an indication as to the scope of an SOLQ installation and implementation on both the State and SSA sides. *This overview is intended as only a guideline to the States to estimate scope. The steps and tasks listed are not static and are subject to change for each installation.* For more detailed information (e.g., copies of various forms, etc.), please contact your SSA Regional Data Exchange Coordinator.

#### 9G.1 STATE RESPONSIBILITIES AND TASKS

#### **PLANNING STAGE**

State and SSA Regional Coordinator hold marketing meeting

- State sends Letter requesting participation in SOLQ
- State completes SSA Technical Survey
- State completes SSA Architecture Matrix
- State receives SSA acknowledgment for access to SOLQ
- State receives State minimum architecture requirements for SOLQ
- State participates in Introductory Conference Call with SSA
- State shares Connectivity Information with SSA
- State completes Development/Validation Region SSA-1121 for Machine Pin/Password and sends to the SSA Regional Office
- State receives SSA SOLQ Package which consists of the NC CODE, Test Cases, LU Names, and modems, to the State
- State receives SOLQ-IBM checklist
- State receives copy of SVES/SOLQ manual
- State performs ping & end-to-end test with SSA
- State acquires access to the development region for 60 days using the demonstration software
- State Exchanges with SSA a Contact Lists of Team Members and their roles and responsibilities
- State notifies Regional Office within 45 days if they desire to continue with SOLQ

#### DEVELOPMENT STAGE WITH STATE/CO/RO

- State participates in Technical conference call with SSA Systems
- State signs the SSA Memorandum Of Understanding (MOU) Agreement and forwards to Regional Office
- State continues in the Development Region
- State writes Security Guidelines Document
- State writes Test Plan
- State sends SSA Systems an Systems Requirement Document to the Project Leader/Analyst
- State Sends SSA Systems an Architecture Diagram to the Project Leader/Analyst
- State notifies SSA Systems Project Analyst when they are ready for validation testing

#### VALIDATION STAGE WITH STATE/CO

- State contacts SSA developer to discuss connectivity to SSA's validation region, (State and SSA perform bind secure connection to Validation Region)
- State receives validation test cases from SSA
- State submits transactions in SSA's Validation Region

- State sends signed Security Guidelines Document to SSA/OIS (Office of Information Security)
- State notifies SSA when testing is complete
- State contacts SSA/OIS when ready for Integration Testing.

#### **INTEGRATION TESTING (STATE)**

- State completes an Integration Region SSA-1121 for Machine Pin and sends to Regional Office
- State contacts SSA to discuss connectivity to the Integration Region
- State performs ping & end-to-end test
- State has Integration Access
- State tests and submits real case requests as long as they are in the integration region
- State performs comparison test (send 1 request of Type 4 cases via both SVES and SOLQ, if available, compare the results.

#### **CERTIFICATION**

- State notifies SSA/OIS when they are ready for the certification visit (state should have made at least 100 or more requests)
- State/SSA schedule certification visit
- State/SSA certification visit occurs
- State completes SSA form 1121 for Production Region

#### **PRODUCTION**

- State participates in a conference call with SSA to discuss connectivity to SSA's Production Region
- State performs ping & end-to-end test with SSA
- State receives word from SSA Production Region is ready
- State has access Production Region

#### 9G.2 SSA RESPONSIBILITIES AND TASKS

#### **PLANNING**

- Regional Office marketing visit to state agency
- Regional Office notifies SSA Systems (SOLQ Project Manager and Lead Analyst of State Agency Name )
- Project Lead Analyst sends RO SOLQ State Minimum Threshold Requirements
- Regional Office receives State request for SOLQ
- Regional Office sends State Request for SOLQ to Office of General Counsel (OGC)
- Office of OGC receives the state request for SOLQ
- Office of OGC reviews state request for SOLQ
- Office of OGC notifies State Agency they have temporary access to demonstration software for 60 days
- SSA Systems holds Introductory Conference Call with State
- SSA Systems sends State SOLQ Package which consists of the NC CODE,
   Test Cases, LU Names, and modems, to the State
- SSA Systems sends SOLQ-IBM check list to State and Regional Office
- SSA Systems sends state SVES manual
- SSA Systems sends state contact list of team members and their roles and responsibilities
- SSA Systems develops Microsoft Project Plan
- Regional Office sends signed DEV/VAL SSA-1121 for Machine Pin to the OEIE
- OEIE approves SSA-1121
- o SSA Systems processes the SSA-1121
- SSA OTSO issues Machine Pin/Password
- SSA Systems sends State pin/password to State Project Manager
- SSA Systems holds conference call with State to discuss connectivity to development region
- SSA Systems and State perform ping & end-to-end test
- SSA Systems assists state during their evaluation of SOLQ
- o Regional Office notifies Central Office of the State desire to continue
- SSA Systems schedules technical conference call

#### DEVELOPMENT

- SSA Systems assists State while in development Region
- Regional Office receives signed Agreement and sends to Central Office (ODISP)
- SSA ODISP approves Agreement
- SSA Systems receives State Architecture Diagram and Systems Requirements Document
- SSA Systems starts the draft of the State's Architecture Design Document (ADD)
- SSA Systems holds a conference call with state, when they are ready to move to the validation region
- SSA Systems sends State the Validation Test scripts
- SSA Systems updates MSP Plan
- SSA Systems monitors States pin/password expiration date, asks state if continuance if necessary
- SSA Systems sends requests to OEIE for continuance of pin/password
- OEIE sends approval to SEF
- SEF notifies SSA Project Lead Analyst of the extension
- o SSA Systems notifies State of the new expiration date

#### **VALIDATION**

- SSA Systems notifies OEIE validation completed
- o SSA/OEIE receives the States Security Guidelines Document
- SSA/OEIE receives the States Test Plan
- SSA/OEIE receives the States Integration Region 1121 for a Machine pin/password
- SSA/OEIE receives and approves SGD, Test Plan and Integration 1121
- SSA systems asks workgroup and state for comments on draft State ADD
- SSA Systems Finalizes the State ADD and sends to workgroup for signature
- SSA Systems creates State Validation Summary
- SSA OEIE holds conference call with State
- SSA OEIE approves the move to the Integration Region
- SSA Systems monitors States pin/password expiration date, requests continuance if necessary
- SSA Systems sends requests to OEIE for continuance of pin/password
- SSA OEIE sends approval to SEF
- o SSA SEF notifies SSA Project Lead Analyst of the extension
- o SSA Systems notifies State of the new expiration date
- SSA Systems validates formatting of test cases for state if requested
- SSA Systems receives notification from State to move to Integration
- O SSA OEIE receives State 1121 for Integration Region
- SSA OEIE approves State 1121 for Integration Region

### SVES/SOLQ Manual – Section - 9H.RESOLVING SOLQ CONNECTIVITY AND RESPONSE TIME ISSUES

#### **INTEGRATION**

- SSA Systems processes the Integration 1121
- SSA OTSO issues Machine pin/password
- SSA Systems notifies State Project Manger of the Machine pin/password
- SSA Systems holds a Technical Connectivity Call with State to access Integration Region
- SSA Systems participates in states ping & end-to-end test
- SSA Systems notifies OTSO/DIET the state is connected and testing
- State Systems tests and submits real case requests for as long as they are in the integration region
- SSA/OEIE receives notification from State they are ready for certification site visit
- SSA/OEIE schedules site visit
- SSA Systems run Audit Trail Report (sample of 100 cases from the state's traffic file)
- SSA/OEIE makes on-site certification visit
- SSA/OEIE certifies State

#### **PRODUCTION**

- SSA Systems Contacts OTSO to set up production date
- SSA Systems Notifies State of production date (Saturday)
- SSA Systems processes the Production 1121
- SSA OTSO issues Production Region Machine pin/password
- SSA Systems advises state of the Machine pin/password
- SSA Systems holds Technical Connectivity Call with State to discuss connectivity to the Production Region
- SSA Systems participates in States ping & end-to-end test
- SSA Systems /State acquire connectivity to Production Region
- SSA OTSO Production ready
- SSA Systems notifies State Production Region ready
- SSA Systems verifies State has access to Production
- o SSA Systems follows up with State to be sure all is well
- SSA Systems sends State the CICS help desk number to report issues and problems
- SSA Systems maintains MI Reports on State usage
- SSA Systems notifies OTSO to suspend State Integration Pin/Password
- o SSA Systems notifies SEF to suspend State Dev/Val Pin/Password

#### POST IMPLEMENTATION

Finalize all Documents

#### 9H. RESOLVING SOLQ CONNECTIVITY AND RESPONSE TIME ISSUES

## SVES/SOLQ Manual – Section - 9H.RESOLVING SOLQ CONNECTIVITY AND RESPONSE TIME ISSUES

During the course of testing, validation, integration, and production, there may be times when SOLQ connectivity and/or response time issue arise. When those conditions occur, follow the following procedure to initiate resolution.

- 1. First determine if any changes were made on the state's side that would affect connectivity or response time.
- 2. Call your Regional Data Exchange Coordinator to inquire whether or not he/she is aware of any known problems.
- 3. Call the National Help Desk at 1-877-697-4889.

Hours Of Operaion Monday – Friday – 6am to 12am -- Eastern Time Saturday – 8am to 4:30pm – Eastern Time

- 4. Provide the technician with the following information:
  - a. The CICS region:

Development: CEDSEAC Validation: CEVSOA2 Integration: CIISOA1

Production:

SSA "load levels" SOLQ connections across 3 production CICS regions to optimize performance. A State's connection could be to region CIPSOA1, CIPSOA2, or CIPSOA3 and could change over time due to this optimization. When calling the CICS Monitoring Room, inform them that you are connected to either CIPSOA1, CIPSOA2, or CIPSOA3 and allow them to make the determination as to the actual connection at that time.

- b. The connection name. All SOLQ connection names start with the letters 'SO' and are 4 characters long. The last two characters are the alphabetic state code (e.g., Maryland = SOMD)
- c. A contact name and phone number to get back to you.
- 5. SSA support staff will then, at a minimum, perform some or all of the following to resolve the issue:
  - a. Determine if only one state is having a problem.
  - b. Attempt to re-connect and re-acquire the connection.
  - c. Pass the issue on to the Network Support (e.g. CICS, VTAM) team if needed.

## SVES/SOLQ Manual – Section - 9H.RESOLVING SOLQ CONNECTIVITY AND RESPONSE TIME ISSUES

- d. Check with Top Secret for "session key" problems.
- e. Check to see if Cyber Fusion (NDM) might be transmitting large batch files to the state which may interfere with response time.
- f. Place a trace on the line.
- g. As a last resort, initiate an Initial Program Load (IPL) for the state's and SSA's CICS regions.

### 10. APPENDICES

#### <u>APPENDIX A – GLOSSARY & ACRONYMS</u>

Below is a list of acronyms and/or terms and their definitions.

4500	A: 1: 5 11: 11 D
	Aid to Families with Dependent Children
	Average Indexed Monthly Earnings
	Average Monthly Wage
• •	A person who has filed for assistance or benefits.
ARMSMULT	Automatic Reappraisal Military Service and Multiple Account  Numbers
BEER	Beneficiary Earnings Exchange Record
	State Beneficiary Data (BENDEX) File
	Beneficiary and Earnings Data Exchange
	A person who is entitled to Social Security benefits.
•	Beneficiary's Own Account Number
	Claim Account Number
	Claims Automated Processing System (Note: the CAPS system has
	been replaced by the Modernized Claim System)
CDB	Childhood Disability Benefits
	A person on whose behalf an application is made.
	A number used by SSA to identify an individual who is a claimant
	or a beneficiary
Client	A synonym for beneficiary or recipient.
CO	The Social Security Administration's Central Office (located in
	Woodlawn, Baltimore, Maryland)
DIB	Disability Insurance Benefits
DO	A Social Security District Office (same as FO)
EIN	Employer Identification Number
Eligible	For Title II, to meet all the requirements for receiving Social
	Security benefits, except for filing an application. For Title XVI, to
	receive SSI benefits.
Entitled	To meet all the requirements for receiving Social Security benefits
	including the filing of an application and have the right to receive
	benefits.
FO	A Social Security Field Office
DHHS	Department of Health and Human Services
HI	Hospital Insurance (Part A)
HIB	Hospital Insurance Benefits
	Housing and Urban Development (Department of)
IAR	Interim Assistance Reimbursement
	Immediate Payment Critical Case
INA	Immigration and Naturalization Act

### SVES/SOLQ Manual – Section - APPENDIX A – GLOSSARY & ACRONYMS

	Internal Revenue Service
	Integrated Client Database
	Income and Eligibility Verification System
LAF	Ledger Account File (LAF Code is the Title II equivalent of Payment
	Status)
	Master File Duplication Detection Operation
	Monthly Benefit Amount
	Master Beneficiary Record (Title II)
	Master Earnings File
	Medicare Qualified Government Employment
MSSICS	Modernized SSI Claims System
010	Office of International Operations
OIS	Office of Information Security
OPM	Office of Personnel Management
OTP	One-time payment
Payment Status	The condition of a beneficiary's Social Security benefits, (i.e.,
	suspended, current, or terminated).
PIA	Primary Insurance Amount
PIC	Payment Identification Code
POMS	Program Operations Manual System
Prouty	A special monthly payment may be made to certain people who
	have not worked long enough under Social Security to receive
	regular benefits. Men who were age 72 before 1972 and women
	who were age 72 before 1970 qualify for these benefits.
	However, the payment may be reduced by the amount of other
	government pensions received. Congress provided these
	payments in 1966 to provide some income for those people who
	had little or no opportunity to obtain Social Security coverage
	during their working years and for aged widows whose husbands
	had died without Social Security protection. The cost of the
	payments is met from general revenues.
PSC	A Social Security Payment Center (also referred to as a PC or
	Payment Center)
QC	•
QQ	
	A person who receives State public assistance and/or SSI
•	payments.
RO	A Social Security Regional Office
	Railroad Retirement Board
	Retirement & Survivors Insurance (Title II)
	State Data Exchange System
	Substantial Gainful Activity
	Supplemental Medical Insurance (Part B)
	Supplemental Medical Insurance Benefits
J	

#### SVES/SOLQ Manual – Section - APPENDIX B - TITLE II PAYMENT HISTORY TABLE

SSA	Social Security Administration
SSI	.Supplemental Security Income (Title XVI)
SSR	.Supplemental Security Record (Title XVI)
STC	.State Transmission Component
SVES	State Verification and Exchange System
Title II	.SSA Retirement, Survivors, Disability and Health Insurance
	Benefits (RSI)
Title XVI	.Supplemental Security Income benefits (SSI)
TP	.Third Party
SOLQ	.State On-Line Query
VA	.Veterans Administration
WTPY	.Wire Third Party Query

#### **APPENDIX B - TITLE II PAYMENT HISTORY TABLE**

The last 8 occurrences of payment history data may be displayed to provide historical payment information. The pertinent data elements (positions 585-688 of the Type II record) are Monthly Benefit Credited (MBC) Date, MBC Amount, and MBC Type.

It is important to use all of the pertinent data elements in the matrix and provide definitions so that the entries will be properly interpreted. For example, some of the codes indicate that amounts were not due or that all or part of a monthly benefit was credited toward an overpayment recovery rather than issued to the individual. Also, it is essential to understand the meaning of occurrence. Each occurrence of data indicates a change in entitlement amount or reflects that benefits were not due. Therefore, the 8 historical entries show the last 8 changes in benefit amount, not the last 8 months. For example, an individual whose payment just changes once a year because of the cost-of-living adjustment would have only one occurrence of entitlement history per year.

In situations where the individual has been in current payment status, or in full suspense, <u>AND</u> there has been no retroactive change in his/her benefit amount, the history is also a payment history. However, in many cases where there have been adjustments to the record, this history does not accurately reflect the actual payments made. It does reflect what the individual was entitled to receive for those months.

The table on the following page shows an example of how to interpret Title II entitlement history entries and how to determine the entitlement amounts in specific months.

#### SVES/SOLQ Manual – Section - APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE

MBC Type: C	MBC Date: 04/97	MBC Amount: \$435.00
MBC Type: C	MBC Date: 03/97	MBC Amount: \$535.00
MBC Type: C	MBC Date: 01/97	MBC Amount: \$321.00
MBC Type: C	MBC Date: 12/96	MBC Amount: \$320.80
MBC Type: C	MBC Date: 08/96	MBC Amount: \$519.50
MBC Type: C	MBC Date: 12/95	MBC Amount: \$520.00
MBC Type: C	MBC Date: 12/94	MBC Amount: \$507.00
МВС Туре: С	MBC Date: 12/93	MBC Amount: \$493.00

The preceding table indicates that the individual received the following payments:

Benefit Amount	Payment Month(s)
\$435.00	05/97 through date of query (8/1/97)
\$535.00	04/97
\$321.00	02/97 - 03/97
\$320.80	01/97
\$519.50	09/96 - 12/96
\$520.00	01/96 - 08/96
\$507.00	01/95 - 12/95
\$493.00	01/94 - 12/94

#### **APPENDIX C - TITLE XVI PAYMENT HISTORY TABLE**

The last 8 occurrences of payment history data may be displayed to provide historical payment information. The pertinent data elements (found in positions 1101-1292 of the Title XVI record) are PHIST Payment Date, SSI Monthly Assistance Amount, State Supplement Amount, PHIST Payment Flag 1, and PHIST Payment Flag 2.

It is important to use all pertinent data elements in the matrix and provide definitions so that entries will be properly interpreted. For example, some codes indicate that amounts were not paid or that all or part of a check was credited toward an overpayment recovery rather than issued to the individual. Also, it is essential to understand the meaning of occurrence. Each occurrence of data indicates a change in payment amount. Therefore, the 8 historical entries show the last 8 changes in payment amount, not the last 8 months. For example, an individual whose payment just changes once a year because of the cost-of-living adjustment would have only one occurrence of payment history per year.

This table shows an example of how to interpret Title XVI payment history entries and how to determine the payment amounts in specific months.

Payment Date	Monthly	State	Payment Flag 1	Payment Flag 2
	Amount	Supplement		
		Amount		
08/01/1996	\$0.00	\$0.00	1	N
01/01/1996	\$470.00	\$0.00	1	N
08/01/1995	\$458.00	\$0.00	1	N
07/01/1995	\$38.31	\$0.00	5	N
07/01/1995	\$419.69	\$0.00	1	N
04/01/1995	\$45.80	\$0.00	5	N
04/01/1995	\$412.20	\$0.00	1	N
01/01/1995	\$434.70	\$0.00	1	N

The Title XVI Payment History Table indicates that the individual received the following payments:

<u>Payment Amount</u>	Payment Month(s)
\$0.00 through date of query(8/1/97).	08/96 No SSI payments have been made from 8/96
\$470.00	1/96 - 7/96
\$458.00	8/95 - 12/95
\$419.69	7/95 (\$38.31 was withheld for an overpayment
	recovery in 7/95 as indicated by code 5 in payment flag 1.)
\$412.20	4/95 - 6/95 (\$45.80 was withheld for an
	overpayment recovery from 4/95 - 6/95 as
	indicated by code 5 in payment flag 1.)
\$434.70	1/95 - 3/95

#### APPENDIX D - BIC CODE VALUES

NOTE: BIC Codes are listed in POMS SM 00550.010 (accessible by SSA staff only)

- & Combined A and B beneficiary in the same payment
- A Primary claimant
- B Aged wife, age 62 or over (1st claimant)
- B1 Aged husband, age 62 or over (1st claimant)
- B2 Young wife, with a child in her care (1st claimant)
- B3 Aged wife (2nd claimant)

В4 Aged husband (2nd claimant) В5 Young wife (2nd claimant) В6 Divorced wife, age 62 or over (1st claimant) B7 Young wife (3rd claimant) Aged wife (3rd claimant) В8 В9 Divorced wife (2nd claimant) BA Aged wife (4th claimant) BD Aged wife (5th claimant) BG Aged husband (3rd claimant) Aged husband (4th claimant) BH BJ Aged husband (5th claimant) BK Young wife (4th claimant) BLYoung wife (5th claimant) BN Divorced wife (3rd claimant) BP Divorced wife (4th claimant) BQ Divorced wife (5th claimant) BR Divorced husband, age 62 or older 1st claimant) BT Divorced husband (2nd claimant) BW Young husband (2nd claimant) BY Young husband, with a child in his care (1st claimant) C1-C9 Child (includes minor, student or disabled child) CA-CK Child (includes minor, student or disabled child) D Aged widow, age 60 or over (1st claimant) D1 Aged widower, age 60 or over (1st claimant) D2 Aged widow (2nd claimant) Aged widower (2nd claimant) D3 D4 Widow (remarried after attainment of age 60) (1st claimant) D5 Widower (remarried after attainment of age 60) (1st claimant) D6 Surviving divorced wife, age 60 or over (1st claimant) D7 Surviving divorced wife (2nd claimant) D8 Aged widow (3rd claimant) D9 Remarried widow (2nd claimant) Remarried widow (3rd claimant) DA DC Surviving divorced husband, age 60 or over (1st claimant) DD Aged widow (4th claimant) DG Aged widow (5th claimant) DH Aged widower (3rd claimant) DJ Aged widower (4th claimant) DK Aged widower (5th claimant) DL Remarried widow (4th claimant) DM Surviving divorced husband (2nd claimant) DN Remarried widow (5th claimant) DP Remarried widower (2nd claimant)

DQ

Remarried widower (3rd claimant)

DR Remarried widower (4th claimant) DS Surviving divorced husband (3rd claimant) DT Remarried widower (5th claimant) DV Surviving divorced wife (3rd claimant) DW Surviving divorced wife (4th claimant) DX Surviving divorced husband (4th claimant) DY Surviving divorced wife (5th claimant) DΖ Surviving divorced husband (5th claimant) Ε Mother (widow) (1st claimant) E1 Surviving divorced mother (1st claimant) E2 Mother (widow) (2nd claimant) E3 Surviving divorced mother (2nd claimant) E4 Father (widower) (1st claimant) E5 Surviving divorced father (widower) (1st claimant) E6 Father (widower) (2nd claimant) E7 Mother (widow) (3rd claimant) E8 Mother (widow) (4th claimant) E9 Surviving divorced father (widower) (1st claimant) EΑ Mother (widow) (5th claimant) EΒ Surviving divorced mother (3rd claimant) EC Surviving divorced mother (4th claimant) ED Surviving divorced mother (5th claimant) EF Father (widower) (3rd claimant) EG Father (widower) (4th claimant) EΗ Father (widower) (5th claimant) EJ Surviving divorced father (3rd claimant) EΚ Surviving divorced father (4th claimant) ΕM Surviving divorced father (5th claimant) F1 Parent (father) F2 Parent (mother) F3 Parent (stepfather) F4 Parent (stepmother) F5 Parent (adopting father) F6 Parent (adopting mother) F7 Parent (2nd alleged father) F8 Parent (2nd alleged mother) J1 Primary Prouty entitled to HIB (less than 3 qualifying quarters (QQs)) (General Fund) J2 Primary Prouty entitled to HIB over 2 QQs) (Retirement and Survivors Insurance (RSI) Trust Fund) Primary Prouty not entitled to HIB (less than 3 QQs) (General Fund) J3 Primary Prouty not entitled to HIB (over 2 QQs) (RSI Trust Fund) J4 Κ1 Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (1st claimant) Κ2 Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (1st claimant)

Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (1st claimant) К3 Κ4 Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (1st claimant) Κ5 Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (2nd claimant) Κ6 Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (2nd claimant) Κ7 Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (2nd claimant) К8 Prouty wife not entitled to HIB (less than 3 QQs) (RSI Trust Fund) (2nd claimant) Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (3<sup>rd</sup> claimant) К9 Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (3rd claimant) KΑ Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (3rd claimant) KΒ KC Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (3rd claimant) Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (4th claimant) KD ΚE Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (4th claimant) Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (4th claimant) ΚF Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (4th claimant) KG KΗ Prouty wife entitled to HIB (less than 3 QQs) (General Fund) (5th claimant) ΚJ Prouty wife entitled to HIB (over 2 QQs) (RSI Trust Fund) (5th claimant) Prouty wife not entitled to HIB (less than 3 QQs) (General Fund) (5th claimant) ΚL KM Prouty wife not entitled to HIB (over 2 QQs) (RSI Trust Fund) (5th claimant) Uninsured beneficiary (not qualified for automatic HIB) M Uninsured beneficiary (qualified for automatic HIB but requests only SMIB) M1 Combined A and B beneficiary in the same payment 0 Т \*Fully insured beneficiaries who have elected entitlement only to HIB (usually but not always along with SMIB) \*Uninsured beneficiary or renal disease beneficiary only \*Deemed insured (hospital insurance only) Medicare Qualified Government Employment (MQGE) primary beneficiary TΑ ТВ MQGE aged spouse (1st claimant) TC MQGE childhood disability benefits (CDB) (1st claimant) TD MQGE aged widow(er) (1st claimant) ΤE MQGE young widow(er) (1st claimant) TF MQGE parent (male) TG MQGE aged spouse (2nd claimant) TΗ MQGE aged spouse (3rd claimant) TJ MQGE aged spouse (4th claimant) ΤK MQGE aged spouse (5th claimant) TL MQGE aged widow(er) (2nd claimant) TM MQGE aged widow(er) (3rd claimant) ΤN MQGE aged widow(er) (4th claimant) TΡ MQGE aged widow(er) (5th claimant) MQGE parent (female) TQ TR MQGE young widow(er) (2nd claimant) TS MQGE young widow(er) (3rd claimant) TT MQGE young widow(er) (4th claimant)

TU MQGE young widow(er) (5th claimant) TV MQGE disabled widow(er) (1st claimant) TW MQGE disabled widow(er) (1st claimant) TΧ MQGE disabled widow(er) (2nd claimant) ΤY MQGE disabled widow(er) (3rd claimant) ΤZ MQGE disabled widow(er) (4th claimant) MQGE (CDB) (2<sup>ND</sup> claimant) T2 MQGE (CDB) (3<sup>rd</sup> claimant) Т3 MQGE (CDB) (4th claimant) T4 T5 MQGE (CDB) (5<sup>th</sup> claimant) T6 MQGE (CDB) (6<sup>th</sup> claimant) MQGE (CDB) (7<sup>th</sup> claimant) T7 T8 MQGE (CDB) (8th claimant) MQGE (CDB) (9th claimant) Т9 W Disabled widow, age 50 or over (1st claimant) W1 Disabled widower, age 50 or over (1st claimant) W2 Disabled widow (2nd claimant) W3 Disabled widower (2nd claimant) W4 Disabled widow (3rd claimant) W5 Disabled widower (3rd claimant) W6 Disabled surviving divorced wife (1st claimant) W7 Disabled surviving divorced wife (2nd claimant) W8 Disabled surviving divorced wife (3rd claimant) W9 Disabled widow (4th claimant) WB Disabled widower (4th claimant) WC Disabled surviving divorced wife (4th claimant) WF Disabled widow (5th claimant) WG Disabled widower (5th claimant) WJ Disabled surviving divorced wife (5th claimant) WR Disabled surviving divorced husband (1st claimant)

<u>NOTE</u>: Some BICs may be displayed as a three-position code (e.g., B01, C03 etc.)

Disabled surviving divorced husband (2nd claimant)

#### **APPENDIX E - LAF CODE VALUES**

**NOTE**: Applies to TITLE II only

WT

NOTE: LAF Codes are listed in POMS SM 00550.020 (accessible by SSA staff only)

- A Withdrawal for adjustment
- AA Adjusted to split PICs in Advance File Status
- AC PIA correction (no recomputation)
- AD Adjusted for dual entitlement
- AE Withdrawn for recomputation under Section 142 (Japanese Internment credits)

AF	Transferred to another program service center or OIO. This code is no longer valid since implementation of national MBR. Adjusted to cancel worker's compensation offset.
AJ	Worker's compensation offset/ public disability benefits cancellation
AM	Withdrawn from HIB-only status
AP	Withdrawn for change of PIC or post-entitlement action adjusted simultaneous entitlement
AR AS	Withdrawal of a beneficiary from LAF S or T to place in current payment status Adjusted for simultaneous entitlement
AW	Withdrawn to impose worker's compensation offset/public disability benefits
A(&)	Withdrawn from suspense or deferred status to be placed in current payment status
A(-)	Withdrawn from current payment status to be placed in suspense or deferred
	status
A0	Withdrawn to adjust reduction factor
A1	Withdrawn for recomputation under Section 229 (non-contributory military credits after 1956)
A2	Withdrawn for 1965 or 1968 recomputation
A3	Withdrawn for recomputation under Sections 217 and 229 (non-contributory military credits before and after 1956)
A4	Withdrawn for disability offset recomputation
A5	Withdrawn for recomputation not separately defined
A6	Withdrawn to recalculate PIA to include disability freeze
A7	Withdrawn for recomputation under Section 217 (non-contributory military credits before 1957)
A8	Record transferred from OIO to another program service center. This code is no
, .0	longer valid since implementation of national MBR.
A9	Withdrawn for adjustment action not separately defined
В	Abatement status
C	Current payment status (except railroad payment)
D	Deferred payment status
DP	Deferred because of receipt of public assistance
DW	Deferred because of worker's compensation/public disability benefit offset
D1	Deferred because of foreign work test
D2	Deferred because of annual retirement test
D3	Deferred as an auxiliary because the primary beneficiary is LAF-D2
D4	Deferred because no child-in-care
D5	Deferred as an auxiliary because the primary beneficiary is in LAF-D1
D6	Deferred to recover overpayments not separately defined
D9	Deferred for reasons not separately defined
E	Current payment certified to the RRB
F	Advanced Filing for Current Payment through RRB
J	Advance File Current Pay Case
K	Advanced Filing for Deferred Payment

- L Advanced Filing for Conditional Payment
- N Disallowed claim
- ND Denied claim
- P Delayed claim (adjudication pending)
- PB Delayed claim beneficiary's claim not finally adjudicated
- PF Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PH Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PJ Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PK Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PL Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PM Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PP Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PT Claim has been terminated from delayed claims status
- PW Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- PO-P9 Used with delayed claims to indicate the beneficiary is to be placed in conditional payment status (LAF S) upon final adjudication. The second position character (subscript) has the same meaning as the subscript for the S LAFs.
- R Kill Credit
- Sx Conditional/Suspended statuses
- SB Benefits due but not paid (less than \$1.00)
- SD Technical Dual Entitlement beneficiary is entitled on another claim or disability family maximum provision has reduced the MBA to zero
- SF Prouty beneficiary fails to meet residency requirement
- SH Prouty beneficiary receiving government pension
- SJ Alien suspension
- SK Deportation
- SL Beneficiary is in a barred payment country
- SM Refused old age insurance benefits to get Medicare-only coverage (prior to 1/81)

SP	Prouty beneficiary receiving public assistance
SS	Post-secondary student summer suspension
SW	Worker's compensation/public disability benefit offset
S0	Pending determination of continuing disability
<b>S1</b>	Beneficiary worked outside the United States (U.S.)
S2	Beneficiary worked inside the U.S.
S3	Primary beneficiary worked in the U.S.
S4	Failure to have child-in-care
S5	Primary beneficiary worked outside the U.S.
S6	Development of a better (correct) address for mail or direct deposit, as appropriate
S7	Prisoner suspension, suspension due to extended trial work period (EPE SGA); or
	suspension for refusing vocational rehabilitation (VR) services.
S8	Payee is being determined
S9	Miscellaneous suspension
Tx	Terminated statuses
TA	Advance filing claim terminated before maturity
ТВ	Mother's/Father's benefits terminated because beneficiary is entitled to
	disabled widow(er)s benefits
TC	Disabled widow attained age 62 and is not entitled as an aged widow
TJ	Advance filed claim terminated after maturity
TL	Termination of post-secondary student
TP	Terminated for change of PIC on post-entitlement actions
TX	DIB attained age 65 (also used for auxiliary beneficiaries)
T(&)	Claim was withdrawn
T(-)	Disability benefits terminated because of conversion to retirement benefits upon
	attainment of age 65
T0	Benefits payable by some other agency
T1	Death of beneficiary
T2	Auxiliary terminated due to death of primary beneficiary (converted to survivor's benefits)
T3	Beneficiary divorced, married, or remarried
T4	Child beneficiary terminated because of attainment of age 18 or 19 and is not
	disabled; mother/father terminated based on last child's attainment of age 16
T5	Entitled to other benefits
T6	Child beneficiary is no longer attending school on full-time basis and is between
	ages 18 and 19, or a disabled child is no longer under a disability. Termination of
	a mother/father because of death or marriage of the last remaining child entitled
	to receive benefits
T7	Child terminated because of adoption, mother/father terminated because last
	entitled child adopted
T8	Primary DIB no longer disabled; mother/ father terminated because child no longer disabled
Т9	Terminated for reasons not separately defined

#### SVES/SOLQ Manual - Section - APPENDIX F - PAYMENT STATUS CODE VALUES

U Active Uninsured Status W Withdrawal before entitlement Xx Adjusted/Suspended/Terminated/Un-insured statuses XD Withdrawal for adjustment XF Entitlement transferred to another program service center or OIO XK Beneficiary deported XR Withdrawn from SMIB X(+) SMI withdrawn; beneficiary entitled only to SMI X0 Claim transferred to RRB Death of beneficiary X1 X5 Beneficiary entitled to other benefits X7 Hospital insurance benefits (HIB)/ Supplemental Medical Insurance Benefits (SMIB) terminated X8 Payee being developed

#### **APPENDIX F - PAYMENT STATUS CODE VALUES**

**NOTE**: Applies to TITLE XVI only

Х9

<u>NOTE</u>: Payment Status Codes are listed in POMS SM 01601.805 (accessible by SSA staff only)

Entitlement has been interrupted for reasons not separately defined

This is a three position alpha numeric display made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement payment, the second (the second and third positions) of which reflects the reason for the status.

The following descriptions, "C" through "T", apply to the first position of the code:

- C Indicates the recipient is eligible for SSI/State Supplement payments
- E Indicates eligibility for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation
- H Indicates a case in "hold" status, final disposition is pending
- M Indicates a case is under manual control. Case is known as "forced payment" although payment may not be involved
- N Indicates the applicant is not eligible for SSI/State Supplement payments or that a previously eligible recipient is no longer eligible
- P Provisional, possible reinstatement (obsolete)
- S Indicates recipient may still be eligible for SSI/State Supplement payments, but payment is being withheld
- T Indicates SSI/State Supplement eligibility is terminated

#### **Specific Codes**

- C01 Current Pay
- E01 Eligible for Federal and/or State benefits based on the eligibility computation,

#### SVES/SOLQ Manual – Section - APPENDIX F - PAYMENT STATUS CODE VALUES

- but no payment is due based on the payment computation
- E02 Eligible for benefits but not payable in that month due to the new application date.
- H10 Living Arrangement change is in progress
- H20 Marital status change is in progress
- H30 Resource change is in progress
- H40 Student status change is in progress
- H50 Head of household change is in progress
- H60 Hold pending receipt of date of death
- H70 Hold pending of one-time payment or other PE data to be transmitted.
- H80 Early input
- H90 Systems limitation involved. DO must manually compute and input payment amounts
- M01 Force Payment Recipient may be in payment or non- payment status
- M02 Force Due Recipient may be in payment or non-payment status
- NO1 Non-pay Countable Income exceeds Title XVI federal benefit rate
- NO2 Non-pay Recipient is inmate of public institution
- NO3 Non-pay Recipient is outside of the U.S.
- NO4 Non-pay Recipient's non-excludable resources exceed Title XVI limitations
- NO5 Non-pay Unable to determine if eligibility exists
- NO6 Non-pay Recipient failed to file for other benefits
- NO7 Non-pay Cessation of the recipient's disability
- NO8 Non-pay Cessation of the recipient's blindness
- NO9 Non-pay Recipient refused vocational rehabilitation without good cause
- N12 Non-pay Recipient voluntarily withdrew from program
- N13 Non-pay Not a citizen or an eligible alien
- N14 Non-pay Aged claim denied for age
- N15 Non-pay Blind claim denied. Applicant not blind
- N16 Non-pay Disability claim denied. Applicant not disabled.
- N17 Non-pay Failure to pursue claim by the applicant
- N18 Non-pay Failure to cooperate
- N19 Non-pay Recipient has voluntarily terminated participation in the SSI program
- N20 Non-pay Recipient fails to furnish a required report
- N22 Non-pay Inmate of a penal institution
- N23 Non-pay Not a U.S. resident
- N24 Non-pay Convicted of felony of fraudulently misrepresenting residence in two or more States (Effective Through 11/99) Non-pay Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits. (Effective 12/99 until present)
- N25 Non-pay Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under Federal or State law.
- N27 Non-pay Disability terminated due to a substantial gainful activity

#### SVES/SOLQ Manual – Section - APPENDIX F - PAYMENT STATUS CODE VALUES

- N30 Non-pay Slight impairment medical consideration alone, no visual impairment
- N31 Non-pay Capacity for substantial gainful activity customary past work, no visual impairment
- N32 Non-pay Capacity for substantial gainful activity other work, no visual impairment
- N33 Non-pay Engaging in substantial gainful activity despite impairment, no visual impairment
- N34 Non-pay Before 3/9/91: Impairment no longer severe at time of adjudication and did not last 12 months, no visual impairment Effective 3/9/91: Child under age 18, impairment(s) disabling for a period of less than 12 months
- N35 Non-pay Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment
- N36 Non-pay Insufficient or no medical data furnished
- N37 Non-pay Failure or refusal to submit to consultative examination
- N38 Non-pay Applicant does not want to continue development of the claim
- N39 Non-pay Applicant willfully fails to follow prescribed treatment
- N40 Non-pay Impairments(s) does not meet or equal listing (disabled child under age 18 only), no visual impairment
- N41 Non-pay Slight impairment medical condition alone, visual impairment
- N42 Non-pay Capacity for substantial gainful activity customary work, visual impairment
- N43 Non-pay Capacity for substantial gainful activity other work, visual impairment
- N44 Non- pay Before 3/9/91: Engaging in SGA despite impairment, visual impairment Effective 3/9/91: Child under 18. Impairment not severe
- N45 Non-pay Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment, or denial of child's claim
- N46 Non-pay Impairment is severe at time of adjudication but no expected to last twelve months, visual impairment
- N47 Non-pay Insufficient, or no, medical evidence furnished, visual impairment
- N48 Non-pay Failure, or refusal, to submit to consultative examination, visual impairment
- N49 Non-pay Applicant does not want to continue development of the claim, visual impairment
- N50 Non-pay Applicant willfully fails to follow prescribed treatment, visual impairment
- Non- pay Before 3/9/91: Impairment does not meet or equal listing (disabled child under age 18 only), visual impairment Effective 3/9/91: Child under 18. Individual Functional Assessment (IFA) shows impairment(s) not of comparable severity, visual impairment
- N52 Non-pay Deleted from the State rolls before 1/73 payment
- N53 Non-pay Deleted from the State rolls after 1/73 payment
- N54 Non-pay DO unable to locate applicant
- PO1 Possible reinstatement pending development by SGA (obsolete)
- S01 Suspended Suspension of payments due to report of death by Treasury,

# **SVES/SOLQ Manual – Section - APPENDIX G – THIRD PARTY BILLING CODE VALUES**

	potential automated death case
S04	Suspended - System is awaiting disability determination (system generated)
S05	Suspended - Substantial gainful activity decision pending
S06	Suspended - Recipient's address unknown
S07	Suspended - Returned check for other than death, address, payee change, or
	death of representative payee
S08	Suspended - Representative payee development pending
S09	Suspended - Temporary Institutionalization Suspense (systems-generated)
S10	Suspended - Recipient has a bank account and refuses to receive payments via direct deposit
S20	Suspended - Potential Rollback case or disability decision made prior to July 1973
S21	Suspended - The recipient is presumptively disabled or blind and has received six months payments (systems-generated)
S90	Suspended - PR1 change in process because SSR was established under the
	incorrect SSN (this condition is extremely rare)
S91	Suspended - PR1 change in process because SSR was established under the
	incorrect SSN (this condition is extremely rare)
T01	Terminated - Death of the recipient
T20	Terminated - received payment under two different account numbers
T22	Terminated - received payment under two different accounts, termination resulted from electronic screening
T30	Terminated - Manual termination (payment previously made). Change in record composition requires termination of existing record
T31	Terminated - System generated termination (payment previously made or refund on record)
T32	Terminated – Automated systems termination of a paid record that has exceeded certain size limitation
T33	Terminated – Manual termination (through MSSICS)
T50	Terminated - Manual termination (no previous payment made)
T51	Terminated - System generated termination (no previous payment made)
*	Data transmitted in error

 $\underline{\textit{NOTE}}$ : Payment Status Codes are listed in POMS SM 01601.805 (accessible by SSA staff only)

# <u>APPENDIX G – THIRD PARTY BILLING CODE VALUES</u>

<u>NOTE</u>: Third Party Billing Codes are listed in POMS SM 00550.070 (accessible by SSA staff only)

STATE CODES

Part A (HI) Code	Part B (SMI) Code	State/Agency
S01	010	Alabama
S02	020	Alaska
S03	030	Arizona
S04	040	Arkansas
S05	050	California
S06	060	Colorado
S07	070	Connecticut
S08	080	Delaware, Public Assistance
S09	090	District of Columbia
S10	100	Florida
S11	110	Georgia
S12	120	Hawaii
S13	130	Idaho
S14	140	Illinois
S15	150	Indiana
S16	160	Iowa
S17	170	Kansas
S18	180	Kentucky
S19	190	Louisiana
S20	200	Maine
S21	210	Maryland
S22	220	Massachusetts
S23	230	Michigan

Part A (HI) Code	Part B (SMI) Code	State/Agency
S24	240	Minnesota
S25	250	Mississippi
S26	260	Missouri
S27	270	Montana
S28	280	Nebraska
S29	290	Nevada
S30	300	New Hampshire
S31	310	New Jersey
S32	320	New Mexico
S33	330	New York
S34	340	North Carolina
S35	350	North Dakota
S36	360	Ohio
S37	370	Oklahoma
S38	380	Oregon
S39	390	Pennsylvania
S41	410	Rhode Island
S42	420	South Carolina
S43	430	South Dakota
S44	440	Tennessee
S45	450	Texas
S46	460	Utah
S47	470	Vermont

Part A (HI) Code	Part B (SMI) Code	State/Agency
N/A	480	Virgin Islands
S49	490	Virginia
S50	500	Washington
S51	510	West Virginia
S52	520	Wisconsin
S53	530	Wyoming
N/A	640	Northern Mariana Islands
N/A	650	Guam
N/A	700	U.S. Civil Service Commission
Z99		Conditional Part A Enrollment

# PART A and B FORMAL GROUP PAYERS

Part A (HI) Groups Code	Associated Groups	Part B (SMI) Groups Code
X51	City of Dallas, Dallas, TX	(A51)
X52	California Province of the Society of Jesus, Los Gatos, CA	(B52)
X54	Vincentian Fathers of Western Province, Earth City, MO	(B54)
X55	Veterans Home of California, Yountville, CA	(K55)
X64	Sisters of St. Joseph of Carondelet, Los Angeles CA	(B64)
X67	Franciscan Friars of California, Oakland, CA	(A67)
X70	Daughters of Mary of the Immaculate	(A70)

Part A (HI) Groups Code	Associated Groups	Part B (SMI) Groups Code
	Conception, New Britain, CT	
X72	Society of the Divine Savior, Milwaukee, WI	(A72)
X73	Richmond California Unified School District	N/A
X74	Missionary Servants of the Most Holy Trinity, Silver Spring, MD	(A74)
X75	Glenmary Home Missioners, Cincinnati, OH	(A75)
X77	American IHM Province, Inc., Arlington, VA	(A77)
X78	Dominicans Province of St. Albert the Great, Chicago IL	(K78)
X81	Order of St. Benedict, Latrobe, PA	(K81)
X82	Massachusetts Group Insurance Commission, Boston, MA	N/A
X83	Marianists of Ohio, Inc., Dayton, OH	(A83)
X84	Marianist Province, Baltimore, MD	(A84)
X87	California State Teachers' Retirement System, Sacramento, CA	(A87)
X91	Chicago Public School Teachers, Chicago IL	(J81)

# PART B ONLY FORMAL GROUP PAYERS

Part B (SMI) Groups Code	Associated Groups
A51	City of Dallas, Dallas, TX

# **SVES/SOLQ Manual – Section - APPENDIX G – THIRD PARTY BILLING CODE VALUES**

Part B (SMI) Groups Code	Associated Groups
A67	Franciscan Friars of California, Oakland CA
A70	Daughters of Mary of the Immaculate Conception, New Britain CT
A72	Society of the Divine Savior, Milwaukee, WI
A74	Missionary Servants of the Most Holy Trinity, Silver Spring MD
A75	Glenmary Home Missioners, Cincinnati, OH
A77	American IHM Province Inc., Arlington, VA
A83	Marianists of Ohio, Inc., Dayton, OH
A84	Marianist Province, Baltimore, MD
A87	California State Teacher's Retirement System, Sacramento, CA
B52	California Province of the Society of Jesus, Los Gatos CA
B53	Franciscan Sisters of Allegany NY, St. Bonaventure, NY
B54	Vincentian Fathers of Western Province, Earth City, MO
B64	Sisters of Saint Joseph of Carondelet, Los Angeles CA
B67	Carmelite Sisters, Alhambra, CA
B70	Public Employees Retirement Association of Colorado, Denver CO
B75	Patton State Hospital, Patton, CA
B77	Oregon State Hospital, Salem, OR
J72	Los Angeles County Employees Retirement Association, Pasadena, CA
J73	City of Springfield MA
J81	Public School Teachers Pension and Retirement of Chicago, Chicago, IL
J83	Ohio Public Employees Retirement System, Columbus OH
J84	School Employees Retirement System, Columbus OH

# **SVES/SOLQ Manual – Section - APPENDIX G – THIRD PARTY BILLING CODE VALUES**

Part B (SMI) Groups Code	Associated Groups	
J85	State Teachers Retirement System of Ohio, Columbus OH	
J94	Los Angeles Department of Water and Power, CA	
K55	Veterans Home of California, Yountville, CA	
K64	Franciscan Sisters of the Sacred Heart, Frankfort, IL	
K68	Tennessee Dept. of Health Renal Disease Program, Nashville, TN	
K72	Northwest Kidney Center, Seattle, WA	
K78	Dominicans Province of St. Albert, Chicago, IL	
K81	Order of St . Benedict, Latrobe, PA	

<u>NOTE:</u> Part B Premium Surcharge Group Payer codes can be found in SM 10802.125 (accessible by SSA staff only). Code values beginning with P apply to the third-party payment of the premium surcharge only and not the full premium.

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
	P01	City of Lynn, MA
	P02	City of Fall River, MA
	P03	California Public Employees Retirement System
	P04	City of Beverly, MA
	P05	Town of Swampscott, MA
	P06	City of Belmont, MA
	P07	City of Springfield, MA
	P08	Town of Greenfield, MA

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
	P09	City of Salem, MA
	P10	Shawsheen Valley RVT School District
	P11	Town of Chelmsford, MA
	P12	Town of Millis, MA
	P13	Town of Bedford, MA
	P14	Town of Shrewsbury, MA
	P15	Town of Wayland, MA
	P16	Town of Great Barrington, MA
	P17	Town of Holliston, MA
	P18	Town of Duxbury, MA
	P19	City of New Bedford, MA
	P20	Town of Saugus, MA
	P21	Town of Westborough, MA
	P22	Town of Tyngsborough, MA
	P23	Lynn Water & Sewer Commission, MA
	P24	Town of Mashpee, MA
	P25	Town of Natick, MA
	P26	Town of Yarmouth, MA
	P27	Town of Orleans, MA
	P28	City of Worcester, MA
	P29	Town of Ashland, MA

Part B Premium Surcharge Group Payers			
Part A Code	Part B Code	Agency Name	
	P30	Town of Longmeadow, MA	
	P31	Town of Northbridge, MA	
	P32	Town of Medway, MA	
	P33	Town of Ayer, MA	
Part B Pren	nium Surcha	rge Group Payers Effective 07/01/2009	
Part A Code	Part B Code	Agency Name	
	P34	Georgia Department of Community Health	
	P35	Dennis-Yarmouth Regional School District, MA	
	P36	Bourne Water District, MA	
	P37	Town of Westwood, MA	
	P38	City of Melrose, MA	
	P39	Town of Hudson, MA	
	P40	City of Malden, MA	
	P41	Lincoln-Sudbury Regional School District	
	P42	Town of Stoughton, MA	
	P43	Town of Framingham, MA	
	P44	Town of Lunenburg, MA	
	P45	Town of Grafton, MA	
Part B Pren	Part B Premium Surcharge Group Payers Effective 07/01/2010		
Part A Code	Part B Code	Agency Name	

Part B Pre	Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name	
	P46	Town of Northborough, MA	
	P47	Town of Uxbridge, MA	
	P48	Town of Dartmouth, MA	
	P49	Wachusett Regional School District, MA	
	P50	Town of Lincoln, MA	
	P51	City of Somerville, MA A	
	P52	Bridgewater-Raynham Regional School District, MA	
	P53	Town of East Bridgewater, MA	
	P54	Northborough/Southborough Regional School District, MA	
Part B Pro	emium Surch	arge Group Payers Effective 07/01/2011	
Part A Code	Part B Code	Agency Name	
	P55	Town of North Reading, MA	
	P56	City of Lawrence, MA	
	P57	Town of Southborough, MA	
	P58	Gwinnett County, GA	
	P59	Manchester Essex Regional School District, MA	
Part B Pro	Part B Premium Surcharge Group Payers Effective 07/01/2012		
Part A Code	Part B Code	Agency Name	
	P60	Nashoba Regional School District, MA	

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
	P61	Town of Auburn, MA
	P62	Mashpee Water District, MA
	P63	Town of Truro, MA
	P64	Cape Cod Regional Technical High School, MA
	P65	Town of North Attleboro, MA
	P66	Dudley-Charlton Regional School District, MA
	P67	Town of Wellesley, MA
	P68	Mayflower Municipal Health Group, MA
	P69	Town of Lexington, MA
	P70	Town of Hopkinton, MA
	P71	City of Attleboro, MA
	P72	Town of East Longmeadow, MA
	P73	Town of Seekonk, MA
	P74	Town of Danvers, MA
	P75	Town of Middleborough, MA
	P76	Town of Provincetown, MA
	P77	Town of Agawam, MA
	P78	City of Boston, MA
	P79	Town of Somerset, MA
	P80	Town of Manchester-By-The-Sea, MA
	P81	City of Lowell, MA

Part B Premium Surcharge Group Payers			
Part A Code	Part B Code	Agency Name	
	P82	Town of Wilbraham, MA	
	P83	City of Central Falls, RI	
	P84	State of Rhode Island	
	P85	Whittier Regional Voc Technical High School, MA	
	P86	Town of Cumberland, RI	
	P87	Town of Johnston, RI	
	P88	City of Holyoke, MA	
	P89	Town of Andover, MA	
	P90	City of Newburyport, MA	
	P91	City of Northampton, MA	
	P92	Bourne Recreation Authority, MA	
	P93	Sandwich Water District, MA	
	P94	Berkshire Hills Regional School District, MA	
	P95	City of Medford, MA	
	P96	Town of North Andover, MA	
	P97	City of Providence, RI	
	P98	Southwick-Tolland-Granville Regional School District, MA	
	P99	Blackstone-Millville Regional School District, MA	
	POA	Town of Dennis, MA	
	РОВ	Town of Amesbury, MA	

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
	POC	Town of Fairhaven, MA
	POD	Town of Winchester, MA
	POE	Northern Berkshire Vocational RSD, MA
	POF	Town of Barnstable, MA
	POG	Dennis Water District, MA
	РОН	Town of Westford, MA
	POI	Town of Amherst, MA
	POJ	Mt Greylock Regional School District, MA
	РОК	Triton Regional School District, MA
	POL	Town of Rehoboth, MA
	РОМ	Town of Stow, MA
	PON	South Essex Sewerage District, MA
	POP	Town of Holden, MA
	POQ	Town of Falmouth, MA
	POR	Town of Cohasset, MA
Part B Prer	Part B Premium Surcharge Group Payers Effective 07/01/2013	
Part A Code	Part B Code	Agency Name
	POS	Town of Clinton, MA
	РОТ	City of Fitchburg, MA
	POU	City of Woonsocket, RI

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
	POV	Town of Nantucket, MA
	POW	King Phillip Reg. School District, MA
	POX	City of Methuen, MA
Part B Pren	nium Surcha	rge Group Payers Effective 07/01/2015
Part A Code	Part B Code	Agency Name
	POY	Univ. Sys. of Georgia, GA
	POZ	City of Atlanta, GA
Part B Premium Surcharge Group Payers Effective 07/01/2016		
Part A Code	Part B Code	Agency Name
	P1A	City of Waterbury, CT
Part B Pren	nium Surcha	rge Group Payers Effective 07/01/2017
Part A Code	Part B Code	Agency Name
	P1A	City of Waterbury, CT
	P1B	City of Fort Worth, TX
	P1C	Chickasaw Nation Dept. of Health, OK
	P1D	City of Memphis, TN
Part A Code	Part B Code	Agency Name
X51	A51	City of Dallas
X72	A72	Society of the Divine Savior

Part B Pre	Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name	
X74	A74	Missionary Servants of the Most Holy Trinity	
X77	A77	American IHM Province, Inc.	
X87	A87	California State Teachers' Retirement System	
X89	A89	County of Imperial, CA	
X52	B52	California Province of the Society of Jesus	
X54	B54	Congregation of Mission Midwest Province	
	B70	Public Employees Retirement Association of Colorado	
	B75	Patton State Hospital	
	B77	Oregon State Hospital	
X88	B78	The Province of St. Joseph of the Capuchin Order	
X91	J81	Public School Teachers Pension & Retirement Fund of Chicago	
	J94	LA Department of Water & Power Health Plans Office	
X55	K55	Veterans Home of California	
	K68	Tennessee Renal Disease Program	
	K72	Northwest Kidney Centers	
X78	K78	Order of St. Dominic Province of St. Albert the Great	
X82		Massachusetts Group Insurance Commission	
State Buy-In Agencies			
Part A Code	Part B Code	Agency Name	
S01	010	Alabama	

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
S02	020	Alaska
S03	030	Arizona
S04	040	Arkansas
S05	050	California
S06	060	Colorado
S07	070	Connecticut
S08	080	Delaware
S09	090	Washington, District of Columbia
S10	100	Florida
S11	110	Georgia
S12	120	Hawaii
S13	130	Idaho
S14	140	Illinois
S15	150	Indiana
S16	160	Iowa
S17	170	Kansas
S18	180	Kentucky
S19	190	Louisiana
S20	200	Maine
S21	210	Maryland
S22	220	Massachusetts

Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name
S23	230	Michigan
S24	240	Minnesota
S25	250	Mississippi
S26	260	Missouri
S27	270	Montana
S28	280	Nebraska
S29	290	Nevada
S30	300	New Hampshire
S31	310	New Jersey
S32	320	New Mexico
S33	330	New York
S34	340	North Carolina
S35	350	North Dakota
S36	360	Ohio
S37	370	Oklahoma
S38	380	Oregon
S39	390	Pennsylvania
S41	410	Rhode Island
S42	420	South Carolina
S43	430	South Dakota
S44	440	Tennessee

Part B Pren	Part B Premium Surcharge Group Payers		
Part A Code	Part B Code	Agency Name	
S45	450	Texas	
S46	460	Utah	
S47	470	Vermont	
	480	Virgin Islands	
S49	490	Virginia	
S50	500	Washington	
S51	510	West Virginia	
S52	520	Wisconsin	
S53	530	Wyoming	
	640	Commonwealth of the Northern Mariana Islands	
	650	Guam	
Z99		Reflects Conditional Enrollment in a Part A QMB Group Payer State	
_	<b>OPM Agency Code</b> (Part B Premiums are deducted from the Civil Service Annuity benefit check)		
Part A Code	Part B Code	Agency Name	
	700	ОРМ	

## **APPENDIX H - TRANSACTION TYPE CODE VALUES**

**NOTE**: Applies to TITLE XVI only

<u>NOTE</u>: Transaction Type Codes are listed in POMS SM 01601.730 (accessible by SSA staff

only)

A1 Eligible Individual name change

## SVES/SOLQ Manual - Section - APPENDIX H - TRANSACTION TYPE CODE VALUES

ΑD Address ΑT State ΑY City BA Dedicated account balance BC **Direct Deposit** CC Folder Involvement action - 8028 receipt by FO CF **Conserved Funds** CG Case characteristics CH Returned check CM Multi-categories CO Overpayment decision CP Refund amount (obsolete) CR Cross program recovery CS **Decision SGA** DA Diary code and date DD Direct deposit change DH Death (obsolete) DL Deletion DM Deemed income or, if date is 8/74, a special diary selection DN Date of Overpayment Notice (obsolete) **Date of Disability Onset** DO DΥ Selected for Diary action D1 Death notice from DO D3 Death notice from MBR interface D4 Death notice from Treasury Notification process D5 Death (Treasury)/no Date of Death on report EL Elapsed month (obsolete) ΕN Earned Income EΡ **Advance Payment** EW Extended period of eligibility (obsolete) FD Special \$50 payment (obsolete) FΙ 12/73 Federal Countable Income FL 12/73 Federal Living Arrangement FS Food stamps FV Foreign Language Notice GΑ **Grant Amount** GC Goldberg-Kelly Notice Date GF Adverse action GJ Protected payment level GM Minimum benefit level IC Initial claims accretion IF MBR or SSR interface replay

IRS interface select

Legal Guardian Agency

IR

JΑ

#### SVES/SOLQ Manual – Section - APPENDIX H - TRANSACTION TYPE CODE VALUES

JB Legal Guardian Consular Code JC Legal Guardian Foreign Country JD Legal Guardian Foreign Postal Zone JM Legal Guardian Mailing Address Legal Guardian Name JN JΡ Legal Guardian Telephone Number JW Legal Guardian Foreign Telephone Number JΖ Legal Guardian ZIP Code ΚE Authorized Representative out-of-pocket expenses (obsolete) Authorized Representative Mailing Address (obsolete) KM ΚN Authorized Representative Name (obsolete) KΡ Authorized Representative Telephone Number (obsolete) KQ Authorized Representative Agreement Involved Claims (obsolete) KR Authorized Representative Approving Office Code (obsolete) KS Authorized Representative Fee Status (obsolete) ΚT Authorized Representative Type (obsolete) ΚX Authorized Representative Telephone Extension (obsolete) ΚZ Authorized Representative ZIP Code (obsolete) LA Federal Living Arrangement LT Last transaction M Cross-reference SSN MA Title II A- payment MB MBR reply post-entitlement, change other than death MC IRS data MD Medical data MG Medical recovery MΙ Title II IMPACC MM Misused money MP Manual payment MS IRS data NC Non-receipt or Double Check negotiated (Treasury) ND Date of Overpayment Notice NM Accounting done NP Notice suppression NU Numident reply OL MSSICS 4.4 transaction (miscellaneous transaction) ON Automated One-Time payment OS Operational supplemental code (obsolete) PC SF-1184 or deletion of a returned check PLAppeals request (obsolete) PΝ Payee's name

Prior error input

Payment status

PR

PS

## SVES/SOLQ Manual - Section - APPENDIX H - TRANSACTION TYPE CODE VALUES

RC Returned check for other than death (Treasury) RD Resource disposal RE Resources RF 1619(b) redetermination selection RG Redetermination diary update RΙ Limited issue redetermination selection RK Zebley redetermination needs developed Additional development redetermination selected (obsolete) RLRM Remarks (obsolete) RP Representative Payee RQ Non-selectable Unemployment Compensation case RR Remittance register refund RS Data Operation Center redetermination second request RT Selected for redetermination RU Redetermination listing selection (obsolete) RV Deletion of pending redetermination data, record went into non-pay RW Redetermination established on start date record RX Redetermination transfer (high response record) RY Redetermination transfer from Data Operations Center to District Office RΖ Redetermination input SB Suspend billing SC State/County of conversion SE Summary Earnings Record Earned Income SI Title XIX status ST State and county code SZ Special action code TL Telephone number TΡ Type of claim TR Transmission router TS Manual payment (obsolete) TW Trial work (obsolete) UC Un-negotiated check (Credit) UD Un-negotiated check (Debit) UF **Limited Payability** UG Limited Payability UH **Limited Payability** UL **Limited Payability** UM Unearned income Manual Payment (obsolete) US VA Veterans Administration interface VB Railroad Retirement Board interface VC Federal Civil Service interface

RA

RB

Residence address

Rollback

W Welfare number

WA Waiver

WI Windfall offset data

W75 Field Office Code, special Central Office transactions

XI Mass address or EIN rep-payee change

XD Representative Payee System Direct Deposit

ZC ZIP Code (residence address)

ZH Interview limitation (obsolete)

ZP ZIP Code (mailing address)

Z4 IRS interface reply

## **APPENDIX I - HISTORICAL REVISIONS REPOSITORY**

This appendix contains sections that were included in previous versions of the SVES/SOLQ manuals. These sections are either obsolete or no longer pertinent enough to be contained in the main body of the manual but have been retained for historical purposes so that no information is lost.

## Revisions to the September 2015 Manual to create the July 2017 Manual

- Updated references to the retired FIPS on pages 58 and 111 for Country Codes.
   Created a reference to the GENC, which replaced it.
- 2. Added a note on pages 21 and 22 that SCHIP transactions do not return Title II and Title XVI responses.
- 3. Corrected SVES input record by adding VAN in position 112.
- 4. On page 9, corrected the 5pm cutoff time for SVES to 6:45pm.
- 5. On page 37, 38, 96, and 97, clarified the meaning the HI or SMI 3<sup>rd</sup> Party Indicators they mean only that data is present, not necessarily that there is current 3<sup>rd</sup> party coverage.
- 6. Corrected Health Insurance (HI Medicare Part A) to be *Hospital* Insurance on pages 30, 36, 84, 95, 165, 213, and 225.
- 7. Corrected Health Insurance Benefits (HIB) to be *Hospital* Insurance Benefits as it is used in this document specifically to refer to that part of Medicare on pages 165 and 179.
- 8. Updated Type of Recipient definitions for the 'XF', 'XM', and 'XP' codes and removed the 'EP' code since it is not a valid value in the Title XVI Response on pages 52 and 105.

Revisions to the April 2015 Manual to create the September 2015 Manual

- 1. Corrected the value for the Federal Living Arrangement Code description "Initial claims surface edit." A value of "\*" used to accompany the description, but SOLQ returns a "X" when this decription applies (Rare).
- 2. Fixed margin and spacing issues throughout the charts of the Verification, Title 2, and Title 16 response record descriptions. These issues had caused much of the descriptions to be cut off.
- 3. Removed references to obsolete or disallowed codes in the Title 16 response.
- 4. Added a note to Appendix K that SVES state codes may have numbers 0-9 in the first position.
- 5. Corrected the statement in "7. INPUT: SVES INPUT RECORD LAYOUT" that Category of Assistance is also mandatory for SCHIP and PCIP, not just BENDEX/BEER and Food Stamp Death requests.

## Revisions to the September 2014 Manual to create the April 2015 Manual

- 1. Removed references to Marital Status since it is unreliable and will no longer be populated on/retrieved from the SSR after 6/20/15. Pages 48, 73, 85, 121, 205
- 2. Added chart to Appendix G from SM 10802.125 listing Medicare Part B Premium Surcharge Group Payers.

#### Revisions to the April 2013 Manual to create the September 2014 Manual

- 1. Appendix I Added prior revisions to the revision history. Added reference to Appendix I in Section 6.
- 2. TOC and Index Updated page numbers.
- 3. Added explanation to Error Code 600: "SSN not verified, other reason."

## Revisions to the April 2011 to create the April 2013 Manual

Section 8.A.2. - Clarified Verification Code field definition, specifically 1, 3, 5 and \* response codes.

Section 9B. – Disclaimer for COMMAREA layout.

Positions 71-75 are used in both the request and response

Section 9C – SOLQ Input/Request Area – Added Agency Identifier field.

Section 9E – SOLQ Error Codes & Messages – Added new codes.

## Revisions to the June 2010 Manual to create the April 2011 Manual

Throughout Manual - Made revisions to consistently define Title II and Title XVI.

## 1. Purpose/Scope

• Removed SSA Data Exchange Branch from intended audience of manual

#### 4. SVES/SOLQ Verification Process

Removed description and specified this information is available upon request.

# 7A. Coding Specifications for the SVES Input Record

- Spelled-out SCHIP acronym. Changed HCR to PCIP which is the currently preferred designation for this program.
- Removed 'HR (Home Relief Date' language from Date of Signed IAR Authorization field (99-106).

## 8A.2 SSN Verification/Standard Response Record Layout

- Input Category of Assistance Changed HCR to PCIP which is the currently preferred designation for this program.
- Verification Code
  - Removed reference to Verification Process since it has been removed from the manual (see above).
  - Clarified V and X codes are not returned for SCHIP and PCIP requests.
  - Clarified A, B, C, and D codes are <u>only</u> returned for SCHIP and PCIP requests.

# 8C.2 S

- State and County Code of Reimbursement Changed 'agreement' in definition to 'authorization'.
- Medicaid Eligibility Code Added F, Title VIII Recipient.

#### 9A. SOLQ - General

• Minor grammatical corrections.

## 9C. SOLQ Input/Request Area in COMMAREA

- Specified mandatory fields.
- State Agency Code Clarified that this field is comprised of a two-digit numeric
   State Code preceded by:
  - 0 − SOLQ request
  - o W PCIP Request
  - o Z SCHIP Request

#### 9D. SOLQ Output/Response Area in COMMAREA

• Clarified exceptions in the SOLQ response layout.

# 9H. Resolving SOLQ Connectivity and Response Time Issues.

Changed 'SSA CICS Help Desk' to 'SSA CICS Monitoring Room'

# APPENDIX F - Payment Status Code Values

- Removed references to SSA internal documentation.
- E02 redefined to remain consistent with SDX Manual.
- H70 Redefined as 'Hold pending one-time payment or other PE data to be transmitted'.
- M02 Redefined as 'Force due'.

#### APPENDIX K – SVES/SOLQ State Codes

- Added SCHIP and PCIP codes.
- Added Guam.

## Revisions included in the June 2010 Manual

1. SVES Purpose/Scope – added States can obtain Citizenship Data to administer Health Care programs.

#### 2A. SVES Overview

- Added language indicating that an additional non-native response includes
   Citizenship related data which is not provided in a separate file but as a subset of the Standard Type I Verification Response.
- revised BENDEX/BEER schedule frequency to indicate Monday through Friday.

#### **2C. SVES OUTPUT**

- Added to chart response information about Citizenship transactions
- 4. SVES/SOLQ Verification Codes Added Health Care Reform (HCR) Legislation to A, B, C and D response codes.

## 7A. Coding Specifications for SVES Input Record

- Added HCR to Notation (\*) indicating that Positions 63 and 64 of the input record must both be blank or the response will return an error with an Error Condition Code of 500.
- Added Category of Assistance Code (Position 68) of W HCR Request

8A.2 SSN Verification/Standard Response Record Layout – Unabridged

- Added W-HCR and Z-SCHIP code descriptions to Category of Assistance Code
- Added Health Care Reform (HCR) Legislation to A, B, C and D response codes.

## Revisions included in the July 2009 Manual

1. Added verbiage regarding new request and verification codes for State Children's Health Insurance Program (SCHIP)\* data requests via SVES. Changes can be located easily by checking the page numbers listed for "SCHIP" in the Index of this manual.

Note: SCHIP request processing will begin on January 01, 2010. SCHIP requests cannot be made via SOLQ.

- Section 4 SVES/SOLQ Verification Process
- Section 7 SVES Input Record Layout
- Section 8A.2 SSN Verification/Standard Response Record Layout -Unabridged

\*Also referred to as CHIP (Children's Health Insurance Program) and CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009)

- 2. Corrected verbiage describing the 'F' Verification Code to state that the first letter of the First Name (rather than the first 3) is used for matching/verification.
  - Section 4 SVES/SOLQ Verification Process
- 3. Added verbiage to state that the '&' Verification Code is not returned for SOLQ requests.
  - Section 4 SVES/SOLQ Verification Process
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 4. Added verbiage to state that the '\*' Verification Code is considered a verified code along with the alpha verification codes.
  - Section 4 SVES/SOLQ Verification Process
- 5. Added verbiage to state that the Date of Death is not returned in the Verification SSN data area for SOLQ transactions when the Verification Code returned is 'X'.
  - Section 4 SVES/SOLQ Verification Process
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 6. Added verbiage to state that the Title II Status and Title XVI Status values are not returned for Prisoner data requests.

- Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 7. Added Appeal Code 'F' verbiage.
  - Section 8C.2 Title XVI Response Records Layout Unabridged
  - Section 8D.2 Title II and Title XVI Response Records Layout Unabridged
- 8. Corrected Direct Deposit Indicator code values.
  - Section 8C.2 Title XVI Response Records Layout Unabridged
  - Section 8D.2 Title II and Title XVI Response Records Layout Unabridged
- 9. Added verbiage that, prior to embarking upon a SOLQ implementation project, that the latest version of the SOLQ Planning Guide should be acquired from the Regional Data Exchange Coordinator.
  - Section 9 State Online Query (SOLQ)
- 10. Removed the E888 Error Code from the SOLQ Error Codes and Messages as it is no longer valid.
  - Section 9 State Online Query (SOLQ)
- 11. Added verbiage, for resolving SOLQ connectivity problem instructions, that the CICS production region to which a State could be connected could be CIPSOA1, CIPSOA2, or CIPSOA3 due to "load leveling" optimization.
  - Section 9 State Online Query (SOLQ)
- 12. Changed, throughout the document, OSSOM (Office of Systems Security Operations Management) to OEIE (Office of Electronic Information Exchange) to reflect component reorganization.
- 13. Moved previous revisions to the manual (February 2007) that were in this section (6) to Appendix I Historical Revisions Repository.
  - Section 6 Revisions to the Manual
  - Appendix I Historical Revisions Repository
- 14. Various, numerous, minor typographical errors were corrected throughout the document.

## **REVISIONS INCLUDED IN THE FEBRUARY 2007 MANUAL**

 Changed verbiage in the Timing of Response and Reference Columns for BENDEX and BEER to reflect, respectively: a) BENDEX and BEER are now daily processes and not monthly and b) references are no longer found on POMS but as links on PolicyNet.

- Section 2C SVES OUTPUT GENERAL
- 2. Added verbiage to the explanation of SVES/SOLQ Verification Code 'X' to state that Date of Death will be provided in the Verified SSN data field for those records where source of Death data is any source other than a State that restricts redisclosure of the State reported Date of Death.
  - Section 4 SVES/SOLQ Verification Process
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- Added verbiage to the explanation of SVES/SOLQ Verification Code 'F' to state that Surname provided does not match database for that SSN, but month/year of Date of Birth, first 3 letters of First Name and the Middle Initial Match. This picks up cases where person has changed their surname (e.g. marriages, adoptions).
  - Section 4 SVES/SOLQ Verification Process
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 4. Added verbiage to the explanation of SVES/SOLQ Verification Code '\*' to state that the SSN verified was located by substituting every number in the input SSN with every other number in the input SSN, and that this resolves transcription errors.
  - Section 4 SVES/SOLQ Verification Process
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 5. Added verbiage to the explanation of SVES/SOLQ Verification Code '&' to state that this is an SVES-only code.
  - Section 4 SVES/SOLQ Verification Process
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 6. Moved previous revisions to the manual (March 2005) that were in this section (6) to Appendix I Historical Revisions Repository.
  - Section 6 Revisions to the Manual
  - Appendix I Historical Revisions Repository
- 7. Added verbiage to explain that if the CAN/BIC field is used in the SVES/SOLQ Input Record, then the Input SSN field must contain spaces and not zeros; zeros will cause a reject in the SSN Verification/Standard Response Record.
  - Section 8A.2 SSN Verification/Standard Response Record Unabridged
- 8. Added verbiage to the Definition of the MBC Type field to establish that "Benefits Paid" equates to "Credited", and "Benefits Not Paid" equates to

"Not Credited.

- Section 8B.2 Title II Response Record Layout Unabridged
- Section 8.D2 Title II and Title XVI Response Record Layout Unabridged
- 9. Added new values for the Appeal Code field to include D-Decision Review Board Review and I-Initial Determination Review.
  - Section 8C.2 Title XVI Response Record Layout Unabridged
  - Section 8D.2 Title II and Title XVI Response Record Layout Unabridged
- 10. Added language to the Keys to SOLQ Connectivity to reflect the use of Enterprise Extender in place of Front-end processors
  - Section 9 State On-line Query
- 11. Removed language for SOLQ Validation and Integration testing stating that State's test results should be e-mailed or faxed to SSA Project Lead. These steps are obsolete and are not done any longer.
  - Section 9 State On-Line Query
- 12. Fixed list of State Codes to reflect that MN is Minnesota and not Michigan.
  - Appendix K SVES/SOLQ State Codes

Various, numerous, minor typographical errors were corrected throughout the document.

#### **REVISIONS INCLUDED IN THE MARCH 2005 VERSION**

Many of the revisions included in this manual were implemented as a direct result of suggestions polled from both the SSA Regional Data Exchange Coordinators and the States' user community. All suggestions that were submitted were evaluated. Many, but not all, of the suggestions were incorporated. Those suggestions that were not included in the revision were usually deemed "out of scope" for the purposes of this manual. Thank you to all of those who participated and offered suggestions.

The following items are some of the major changes and upgrades that have been made, and that differ from the previous (July 2002) version of the manual:

- 1. This version now contains an index to facilitate and expedite the search for information within the manual.
- 2. The output response record layout sections and their associated field definitions sections have been consolidated. The reader no longer has to "flip" to another section to access the definitions and valid values of fields within a record when looking at a record layout; the definitions/values are embedded within the

record layout. Each consolidated (or unabridged) record layout is also preceded by an abridged, "quick-reference" record layout that does not include the field descriptions/values but only the field name and position within the record. With the new features, the revised manual now provides the reader with two methods of quickly locating a field's definition and valid values: a) using the new index to look up the definition in the record layout via the field name and, b) using the abridged record layout (immediately preceding the unabridged layout) to determine the relative byte address (position) of a field and using that address to look up the description in the unabridged record layout.

- 3. Every attempt has been made to verify the correctness and completeness of all code values for every field which supplies a code as its output value.
- 4. The Glossary and Acronyms appendix has been enhanced to include more entries.
- 5. Section names have been added to all page footers to aid the reader when "flipping through" the manual to look for a particular section.
- 6. In the electronic version of this manual, many "links" have been added when references are made to other sections (e.g. Appendices). This will allow you to "click and go" to the referenced section. These links can be recognized when the text is underlined and are in the color blue as follows: <a href="LINK EXAMPLE">LINK EXAMPLE</a>. In Word, you can press CNTL and click on the link to go immediately to that section. Additionally, the Table of Contents items are also links and can be used in the same manner.
- 7. Many existing sections (including the SOLQ section) in the manual have been expanded and enhanced to provide more information and, in some cases, flowcharts/diagrams are included to facilitate comprehension and summarize processes.
- 8. The addition of documentation for the VA EARN response. The VA EARN response is a specialized response that has been provided via SVES for a few years to four select Federal Agencies (Veteran's Administration, Office of Personnel Management, Railroad Retirement Board, and the Department of Housing and Urban Development). This query is not available to States or other agencies. The inclusion of VA EARN in this revised manual is only for purposes of completeness; to document all functions of SVES within this manual. VA EARN data is restricted to the four agencies mentioned previously. Any questions or inquiries regarding obtaining this specialized response should be directed to the SSA Office of Income Security Programs/Office of Earnings and Information Exchange (OISP/OEIE).

- An appendix has been added for SSA personnel that provides the sources for SVES fields. That is, field names from the MBR and SSR data dictionaries are cross-referenced to the SVES field names to indicate from where the SVES field data is extracted.
- 10. Corrections have been made to various areas erroneous information was provided (e.g., payment history table examples)
- 11. Some sections of the previous version of the manual that were determined to be "out-of-date" or "additional information" (e.g., previous revisions to the manual) have not been removed but have been consolidated and moved to a Historical Repository appendix.
- 12. Though requested by some, sample SVES and SOLQ model agreements *have not* been added as appendices to the manual. This decision was made on a variety of factors, one being the amount of volume (bulk) that it would add to this manual. States can obtain model agreements from their SSA Regional Data Exchange Coordinators. SSA Regional Data Exchange Coordinators can obtain the model agreements from the Office of Income Security Programs/Office of Earnings and Information Exchange/Information Exchange and Computer Matching (OISP/OEIE/IECM).

The following items are some of the changes and upgrades that have been made to the March 2005 version since its initial release:

• (03/08/2006) The description for SSN Verification Code '5' is changed to "Surname or Given Name does not match" from "Name does not match".

## **REVISIONS INCLUDED IN THE JULY 2002 VERSION**

#### EFFECT OF SVES ON BENDEX/BEER/SDX PROCESSING

Use of SVES to input transactions to BENDEX/BEER/SDX will result in the normal output from those exchanges to the State (twice a month for BENDEX/BEER and 4 to 5 times per week for SDX). There are <u>no</u> changes in the format or frequency of BENDEX/BEER/SDX files. The change that <u>will</u> affect these outputs is that through the standard SSN verification portion of SVES, any transaction for a verified SSN <u>will</u> be accepted by the various SVES exchanges (BENDEX, BEER, SDX, 40 Qualifying Quarters) <u>without</u> the need for further matching. The result of this verification/acceptance reduces the number of unmatched/rejected transactions and subsequently, provides more accurate and timely data. For example, when SVES is used instead of BENDATA transactions to process BENDEX actions, the SVES match criteria replace the BENDEX match criteria (refer to POMS SM 10801.260 and SM 10801.265, accessible by SSA staff only).

## MCMAHON VS. CHATER COURT ORDER

The civil action in the McMahon vs. Chater court order requires the modification to SVES to provide additional data to the States for the identification of dually entitled claimants. The new data elements are listed below. They are included in the SVES Title II response.

- Other Date of Entitlement
- Other Primary Insurance Amount
- Other Retirement Insurance Amount
- Larger Full Monthly Benefit Amount
- Larger Excess Monthly Benefit Amount
- Smaller Full Monthly Benefit Amount
- Smaller Actuarially Reduced Monthly Benefit Amount
- Dual Entitlement Status Code
- o Other Office Code
- Type of Dual Entitlement
- Other Primary Insurance Amount Factor Code
- Other Primary Insurance Amount Factor Code Two
- Other Eligibility Year

#### YEAR 2000

Year 2000 changes required that dates be expanded to reflect the "century" along with the month, day and year. This expands date fields from six positions to eight positions (MMDDCCYY), or from four positions to six positions (MMCCYY).

#### WELFARE REFORM LEGISLATION (40 QUALIFYING QUARTERS)

Briefly, from a single modified SVES query, SSA will provide a Title XVI response which will provide both SSN verification and Title XVI (SSI) payment history. A second response, as a result of the same SVES query, will be provided by the Earnings system, and will provide quarters of coverage data. Both responses will be returned to the requesting States as separate files overnight. The new data elements for 40 Qualifying Quarters are listed below. They are included in the 40 Qualifying Quarters (40 QQs) response.

- Condition Code
- o Minimum Number QQs 1937-1950
- o Maximum Number QQs 1937-1950
- Qualifying Quarters Pattern

Railroad Service Months

## PRISONER RECORD DATA

Effective November 1998, in accordance with a Presidential directive, SSA must make available Prisoner status to States, the Food and Nutrition Service (Department of Agriculture), the Department of Education, and other Federal-benefit paying entities. To accomplish this, the SVES system accepts requests for Prisoner information and makes available a query response, delineating the Prisoner information as it appears on our Prisoner databases.

The new Prisoner query will be requested via SVES by an entry of "P" in both positions 63 and 64 on the SVES input record. This input, following our standard SSN verification procedures, will produce an SVES response record containing SSN verification data. It will also create a finder file to the Prisoner system that will generate a response file containing Prisoner data. Responses from the Prisoner system will provide the following:

- o Name
- o SSN
- o State Code
- Welfare ID number (input by the requester)
- Status Code
- Prisoner Data

Output files will be fixed block, 494 length records.

## **FOOD STAMP DEATH DATA**

Effective September 2000, in accordance with legislation, SVES will provide death data from the NUMIDENT database. Only those queries with Food Stamp involvement (as identified by the Category of Assistance) will receive the death information. The data will consist of a Verification Code of 'x' and the date of death displayed in Verified SSN Data. Death data will be returned if:

- Death report was not received <u>solely</u> from a State that restricts redisclosure of the data.

#### STATE CODE CHANGE

Effective September 28, 2001, the SVES system will receive and reply to SVES queries on an individual State-agency basis.

SVES system utilizes a 3-position State code within the SVES input record

## SVES/SOLQ Manual – Section - APPENDIX J – SVES/SOLQ FIELD SOURCES

(position 65-68) to designate the requesting State (or Federal agency). Since we use the Title XVI standard all State codes previously began with '0' (numeric zero). With the enhancement we will utilize the first position (High Order Position –HOP) of the State code to designate agencies within a State as well as to limit the data that an agency is permitted to receive. The new State codes will range from '0--' through '9--'. By utilizing the HOP, we will have the ability to respond directly to the requesting agency without the necessity of providing all responses to a single agency (usually the 'A' agency) and expecting that agency to sort the responses, sanitize, and provide individual sub-files to other agencies.

State agencies must contact the Regional Office for information on having a HOP assigned to them. It will also be necessary for the 'new' user entity to provide a dataset name for both the input file to SSA and the response file from SSA to enable Systems to create the State-agency sub-files. These dataset names will be incorporated in new Cyber Fusion processes.

## APPENDIX J – SVES/SOLQ FIELD SOURCES

#### VERIFICATION DATA ELEMENTS

VERIFICATION SVES DATA ELEMENTS	SOURCE OF DATA
Input SSN	The SSN provided on the input from the original verification request.
Input Claim Account Number (CAN) (10-18)/BIC (19-21)	The CAN/BIC provided on the input from the original verification request.
Input Surname	The Surname provided on the input from the original verification request.
Input Middle Initial	The Middle Initial provided on the input from the original verification request.
Input Given Name	The Given Name provided on the input from the original verification request.
Input Date of Birth	The Date of Birth provided on the input from the original verification request.
Input Sex	The Sex Code provided on the input from the original verification request.
Input State Agency Code	The State Agency Code provided on the input from the original verification request.

# SVES/SOLQ Manual – Section - APPENDIX J – SVES/SOLQ FIELD SOURCES

VERIFICATION SVES DATA ELEMENTS	SOURCE OF DATA
Input Category of Assistance Code	The Category of Assistance Code provided on the input from the original verification request.
Input State Communication Code	The Communication Code provided on the input from the original verification request.
Input Welfare ID Number	The Welfare ID Number provided on the input from the original verification request.
Date of WTPY Response	System generated date from SSA.
Error Condition Code	SVES generated code.
Identity Discrepancy Code	SVES generated Code
Blank	Not used.
Verification Code	SVES generated code.
Verification SSN Data	Depending on the data in this field (which relates to the Verification Code field) this could contain either a SSN, date of birth, or date of death from the NUMIDENT database or multiple SSNs from the MULTEX database.
Record Type	SVES generated code to indicate the type of response. Correlates to the Title II & 16 Request Types input from the original verification request.
Title II Status	SVES generated code.
Title XVI Status	SVES generated code.

# **TITLE II DATA ELEMENTS**

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Title II Claim Account Number (CAN) and BIC	CAN & BIC

# SVES/SOLQ Manual – Section - APPENDIX J – SVES/SOLQ FIELD SOURCES

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
State and County Code	SCC
ZIP Code	ZIP
ZIP + 4	ZIP-ADD-ON
Number of Lines of Address	LLOA
Address	PNA
Direct Deposit Indicator	DDCO
Deferred Payment Date	DPD
Schedule Payment Indicator	SPI
Schedule Payment Date	PAMT-PAID-REL-D
Schedule Prior Payment Amount	PAMT
Schedule Current Payment Amount	CAMT
Schedule Payment Combined Check Indicator	CFM-IND
LAF Code	LAF
Date of Birth	DOB
Proof of Age Indicator	DOBPC
Given Name	VSOP-FNP
Middle Initial	VSOP-MNP
Surname	VSOP-LNP
Date of Initial Entitlement	DOEI
Date of Current Entitlement	DOEC
Date of Suspension or Termination	DOST
Sex Code	SEX
Net Monthly Benefit if Payable (MBP)	MBP

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)	
Medicare Indicator	Based on existence of HI and SMI values.	
Hospital Insurance (HI) Indicator	NHI	
HI Option Code	No longer housed on MBR. Used to be HOC and is now generated by SVES.	
HI Start Date	HI-START	
HI Stop Date	HI-TERM	
HI Premium	Calculated by utility that retrieves the MBR.	
HI Buy-In Indicator	NHITP	
HI Buy-In Code	HITP-CODE	
HI Buy-In Start Date	HITP-START	
HI Buy-In Stop Date	HITP-STOP	
Supplemental Medical Insurance (SMI) Indicator	NMSI	
SMI Option Code	No longer housed on MBR. Used to be SOC and is now generated by SVES.	
SMI Start Date	SMI-START	
SMI Stop Date	SMI-STOP	
SMI Premium	HSA	
SMI Buy-In Indicator	NSMTP	
SMI Buy-In Code	SMTP-CODE	
SMI Buy-In Start Date	SMTP-START	
SMI Buy-In Stop Date	SMTP-STOP	
Welfare Agency Code	SEWC	
Category of Assistance Code	SECAC1	
Black Lung Entitlement Code	Data no longer carried on MBR. Any data returned in this field is obsolete and may not be valid.	

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Black Lung Payment Amount	Data no longer carried on MBR. Any data returned in this field is obsolete and may not be valid.
Railroad Indicator	RLSC
Person's Own Social Security Number (SSN)	BOAN
Date of Death	BDOD
Disability Onset Date	DDO
Number of Cross-reference Account Number (XRAN) Occurrences	NXRD
XREF Entitlement Number	XRAN
XREF BIC	XBIC
XREF Code	XRTC
Dual Entitlement Number	OTAN
Dual Entitlement BIC	ОТВІС
Number of History Occurrences	NHIST
Monthly Benefit Credited (MBC) Date	EFD
MBC Amount	MBC
MBC Type	BPD
Other Date of Entitlement	OTDOE
Other Primary Insurance Amount	ОТРІА
Other Retirement Insurance Amount	OTRIA
Larger Full Monthly Benefit Amount	LFMBA
Larger Excess Monthly Benefit Amount	LEMBA

TITLE II SVES DATA ELEMENTS	SOURCE OF DATA (Master Beneficiary Record Field)
Smaller Full Monthly Benefit	SFMBA
Amount	
Smaller Actuarially Reduced	SAMBA
Monthly Benefit Amount	
Dual Entitlement Status Code	DESC
Other Office Code	отос
Type of Dual Entitlement	TOD
Other Primary Insurance Amount	OTPIFC
Factor Code	
Other Primary Insurance Amount	OTPIFC2
Factor Code Two	-
Other Eligibility Year	OTELY

### **TITLE XVI DATA ELEMENTS**

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Essential Person Indicator	ESPER
Appeal Code	PL-TYP
Date of Appeal	PL-APPEAL-JD
Last Redetermination Date	RED-LST-JD
Person's Own Social Security Number (SSN)	PAN
Type of Recipient	MFT
Record Establishment Date	RCD-EST-JD
Date of Birth	BIRTH-JD
Date of Death	DEATH-JD
Date of Death Source Code	DODCDE
Payment Status Code	CURSTAT
Current Pay Status Effective Date	DOPSC-RD
SSN Correction Indicator	PSN
Sex Code	SEX
Race Code	RACE
Resource Code - House	RESHOU
Resource Code - Vehicle	RESCAR
Resource Code - Insurance	RESINS
Resource Code - Property	RESINC
Resource Code - Other	RESOTH
Other Name	OTHERNAME
Given Name	APLFNAM
L	_ l

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Middle Initial	APLMNAM
Surname	APLSNAM
Appeals Decision Code	PL-DCSN-CDE
Date of Eligibility	ELG-RD
Medicaid Effective Date	MED-EFF-JD
Application Date	APPL-JD
Telephone Number	TELNO
Record Source Code	RCD-SOURCE
Alien Indicator Code	ALIEN
Alien Date of Residency	ALIEN-RD
Country of Origin	ALIEN-CNTRY
Third Party Insurance Indicator	3RD-PTY-INS
Medicaid - Unpaid Medical Expense Indicator	RETRO-MED
Denial Code	DENCDE
Denial Date	DENIAL-JD
Food Stamp Interview Date	FS-INTERVIEW-JD
Food Stamp Application	FS-REQUEST
Food Stamp Recipient Status	FS-RECIPIENT
Onset Date of Disability/Blindness	DIS-ONST-JD
Disability Payment Code	DISPAYCDE
Rollback Code	ROLLBACK
Welfare ID Number	STCOID
State Code of Conversion	STCOCNV
Special Needs Code	SPECND

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Appeals Decision Date	PL-DCSN-JD
Direct Deposit Indicator	DD-CTL
Payee Name and Address Number of Lines	PDNUM
Payee Name and Mailing Address	PDNAMADR
Payee ZIP Code	PDZIP
Payee ZIP Code + 4	PDZIP6-9
State & County Code of Jurisdiction	PDSCC
District Office (DO) Code	DO
Earned Income - Wage Amount	IEAMT and IETYP
Earned Income - Net Self- Employment Estimate	IEAMT and IETYP
Blind Work Expense (BWE) Exclusion	IEAMT and IETYP
Earned Income Exclusion (Plan for Self-support)	IEAMT and IETYP
Unearned Income - Number of Occurrences	IUENO
Unearned Income Type Code	IUETYP
Unearned Income Verification Code	IUEVAR
Unearned Income Start Date	IUESTART-PD
Unearned Income Stop Date	IUESTOP-PD
Unearned Income Amount	IUEAMT
Unearned Income Frequency	IUEFRQ
Claim or Identification Number For Unearned Income	IUEIDNO
Representative (Rep) Payee Indicator	REP-PAY-CTL

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Rep Payee Selection Date	REP-PAY-JD
Custody Code	REPCUS
Competency Code	REP-GC
Type of Payee Code	REPPAYTYP
SSN-Multiple SSN Indicator	MSSN-MUL
SSN-List of Multiple SSNs	MSSN
Residence Address-Number of Lines	AALNG
Residence Address	AA-ADDR
Residence ZIP Code	AAZIP
Residence ZIP Code + 4	AAZIP6-9
Last Transaction Type	TRCHG
Last Transaction Date	TRHST-JD
Advance Payment Indicator	ADV-CTL
Advance Payment Date	ADVPMT-JD
Advance Payment Amount	ADVPAY
Interim Assistance Reimbursement Status Code	GRCODE
State and County Code of Reimbursement	STCOREIM
Payment Date	PAYHST-JD
SSI Gross Payable Amount (Current)	FEDAMT (Current)
State Gross Payable Amount (Current)	SUPAMT (Current)
Payment History (PHIST) Number of Occurrences	NOP-9
PHIST Payment Date	PAYHST-JD
SSI Monthly Assistance Amount	FEDPMT

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
State Supplement Amount	STATPMT
PHIST Payment Payflag 1	PAYFLG1
PHIST Payment Payflag 2	PAYFLG2
Overpayment/Underpayment Indicator	Generated by SVES based upon values in Over & Under Payment fields (e.g., OP-CTL and TOTUPMT)
Month of Change	Generated by SVES
Budget Month Flag	BMF
Payment Status Code (Current)	PSTAT
Federal Living Arrangement Code (Current)	LIVF
Living Arrangement Code - Optional State Supplement	OSCD
State and County Code of Jurisdiction	STSUPGP
Concurrent State Payment Code	STOPACM
Medicaid Eligibility Code	MEDIC
Head of Household Indicator	нонм
Student Indicator	STUDM
Earned Income - Net Countable Amount	EINCM
Unearned Income - Net Countable Amount	UINCM
SSI Gross Payable Amount	FEDAMT (Previous)
State Gross Payable Amount	SUPAMT (Previous)
Conditional Payment	CONDPAY
Medicaid Test Indicator	MEDTEST

## **SVES/SOLQ Manual – Section - APPENDIX K – SVES/SOLQ STATE CODES**

TITLE XVI SVES DATA ELEMENTS	SOURCE OF DATA (Supplemental Security Record Field)
Federal Eligibility Code	FEC
Optional State Eligibility Code	SEC
Mandatory Eligibility Code	MEC
Deemed Income Amount	DEEMAMT
Federal Living Arrangement Code - Budget Month	1273LIVCD
Earned Income - Retrospective Net Countable Amount	EINCM (Previous/historical)
Unearned Income Retrospective Net Countable Amount	UINCM (Previous/Historical)
Deemed Income Amount Retrospective	DEEMAMT (Previous/Historical)
40 QQ History	Obtained from Master Earnings File (MEF) and not the SSI record.

### **APPENDIX K – SVES/SOLQ STATE CODES**

State	Alphabetic	SVES/SOLQ	PCIP Code	SCHIP Code
	Code	Code*		
Alabama	AL	001	W01	Z01
Alaska	AK	002	W02	Z02
Arizona	AZ	003	W03	Z03
Arkansas	AR	004	W04	Z04
California	CA	005	W05	Z05
Colorado	CO	006	W06	Z06
Connecticut	СТ	007	W07	Z07
Delaware	DE	800	W08	Z08
Florida	FL	010	W10	Z10
Georgia	GA	011	W11	Z11
Guam	GU	065	W65	Z65
Hawaii	HI	012	W12	Z12
Idaho	ID	013	W13	Z13
Illinois	IL	014	W14	Z14
Indiana	IN	015	W15	Z15
lowa	IA	016	W16	Z16

### SVES/SOLQ Manual – Section - APPENDIX K – SVES/SOLQ STATE CODES

State	Alphabetic Code	SVES/SOLQ Code*	PCIP Code	SCHIP Code
Kansas	KS	017	W17	Z17
Kentucky	KY	018	W18	Z18
Louisiana	LA	019	W19	Z19
Maine	ME	020	W20	Z20
Maryland	MD	021	W21	Z21
Massachusetts	MA	022	W22	Z22
Michigan	MI	023	W23	Z23
Mississippi	MS	025	W25	Z25
Missouri	MO	026	W26	Z26
Minnesota	MN	024	W24	Z24
Montana	MT	027	W27	Z27
Nebraska	NE	028	W28	Z28
Nevada	NV	029	W29	Z29
New Hampshire	NH	030	W30	Z30
New Jersey	NJ	031	W31	Z31
New Mexico	NM	032	W32	Z32
New York	NY	033	W33	Z33
North Carolina	NC	034	W34	Z34
North Dakota	ND	035	W35	Z35
Ohio	ОН	036	W36	Z36
Oklahoma	ОК	037	W37	Z37
Oregon	OR	038	W38	Z38
Pennsylvania	PA	039	W39	Z39
Puerto Rico	PR	040	W40	Z40
Rhode Island	RI	041	W41	Z41
South Carolina	SC	042	W42	Z42
South Dakota	SD	043	W43	Z43
Tennessee	TN	044	W44	Z44
Texas	TX	045	W45	Z45
Utah	UT	046	W46	Z46
Vermont	VT	047	W47	Z47
Virgin Islands	VI	048	W48	Z48
Virginia	VA	049	W49	Z49
Washington DC	DC	009	W09	Z09
Washington State	WA	050	W50	Z50
West Virginia	WV	051	W51	Z51
Wisconsin	WI	052	W52	Z52
Wyoming	WY	053	W53	Z53

<sup>\*</sup>For SVES, an individual state could have multiple state code values depending on the

# **SVES/SOLQ Manual – Section - APPENDIX K – SVES/SOLQ STATE CODES**

number of agencies submitting. The first position of the state code could be a number 0 through 9. For example, MD may use 021, 121, 221, 321, 421, etc.

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